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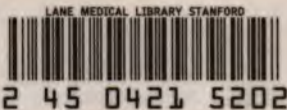
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The Education of the Public
as to the
Communicability and Prevention
of
Gonorrhoea and Syphilis

Committee Report, Papers and Discussion
at the
38th Annual Meeting of the American Public Health Association
Milwaukee, Wis., September, 1910

Reprinted from the Journal of the American Public Health Association,
March, 1911

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American Public Health Association

REPORT OF COMMITTEE ON EDUCATION OF THE PUBLIC AS TO THE COMMUNICABILITY AND PREVENTION OF GONORRHOEA AND SYPHILIS.*

By DR. G. M. KOBER, Chairman,
Washington, D. C.

At the meeting of the American Public Health Association held at Richmond, Va., in October, 1909, a committee was appointed to consider and report upon the best method of educating the public with respect to the communicability and prevention of gonorrhoea and syphilis.

The sociologic and economic importance of these diseases have long since been appreciated by members of the medical profession and intelligent laymen, especially those who have witnessed the sad effects among the inmates of hospitals, prisons, almshouses, asylums for the insane, the blind, etc. In 1858 a most intelligent and painstaking study was made by Dr. Wm. W. Sanger, Resident Physician of Blackwell's Island, under the auspices of the Governors of the Almshouses of the city and county of New York. The following paragraph from the introduction is reproduced, for it is as applicable now as when first indited by his graceful pen:

"Hitherto reticence has been the policy. This position has been held too long, for it is false in principle and injurious in tendency. The day has arrived when the shroud must be removed, when the public safety imperiously demands an investigation into the matter; when those who regard it as a small wrong may have their attention directed to its real proportions. * * * * * A small matter it decidedly is not. * * * * * Nor is it unmanageable except when concealed. Stripped of the veil of secrecy which has enveloped it, there appears vice arising from an inextinguishable natural impulse on the part of one sex, fostered by confiding weakness in the other; from social disabilities on one side and social oppression on the other; from the wiles of the deceiver working unsuspecting credulity and finally from the stern necessity to live.

Dr. Swarts, the Secretary of the State Board of Health of Rhode Island, in a public address delivered at Providence, May 20, 1910, declared:

"In our Puritanical Prudence we have been taught not to talk of certain diseases, which now gnaw at the very fundamentals of society. When we have tried to study such diseases we have met with the rebuke that we were acting out of morbid curiosity * * * * * and any one who has tried to call attention to this evil has been discredited as a faddist looking for notoriety.* * * * *

* Read at 38th Annual Meeting of American Public Health Association, Milwaukee, September, 1910.

Professor Fisher, of Yale, the author of the Report on National Vitality and a member of the Commission for the Conservation of Resources, concludes the section on Syphilis and Gonorrhoea as follows:

"Thanks to the efforts of a few farsighted men like Dr. Prince A. Morrow, Professor C. R. Henderson and Mr. Edward Bok, these subjects are being given some of the publicity they deserve. Reticence on these subjects is justified only so far as it makes for youthful innocence. But ignorance is not innocence; on the contrary, it is the surest road to guilt."

STATISTICS OF VENEREAL DISEASES:

The absence of accurate statistics in venereal diseases in civil life is very much to be deplored, for if we wish to approach the subject from a scientific point of view it is extremely desirable that we should collect accurate morbidity statistics on the prevalence of these diseases. Our present mortality statistics of these diseases are also woefully defective, simply because the attending physician prefers to spare the feelings of the friends of the deceased by assigning the terminal causes of death, which will be found in an endless number of diseases, and ignoring the primary cause altogether. Compulsory notification is exacted in Denmark, the privacy of the patient being safeguarded by a number. According to Dr. Parkins, the City of Detroit has placed syphilis and gonorrhoea on the list of notifiable diseases.

"These reports are made by number (not name) accompanied by the physician's statement of the facts about the source of infection. The City thus provides its health department with the information required to investigate outbreaks of these diseases, just as all other communicable diseases are investigated."

This measure alone is not sufficient to control these diseases, but without it no other measure can succeed.

In a gathering of this character, we need not emphasize that an accurate basis of facts lies at the very foundation of hygiene as of all exact sciences. We all agree that in our combat with communicable diseases it is absolutely necessary to locate the sources of infection, and that we can never hope to stamp out the so-called "germ diseases" unless we stop the dissemination of the germs. In this connection it should be understood that however encouraging our efforts to diminish the ravages of tuberculosis may have been in the past twenty years, complete success is only possible by prompt diagnosis and compulsory notification, i. e., locating the source of infection, and by the practical application of the principles of preventive medicine, and this is equally true of sexual diseases.

The ethical objections which were advanced against compulsory notification in tuberculosis will be urged even with greater vehemence in this

class of diseases. All these objections, however, fall to the ground when the public understands that sexual diseases are a menace to public health and the records of the health office need and should not be disclosed except to public officials. We are confident that education will create sufficient public sentiment in favor of enlightened preventive measures. In the meantime the spirit of the resolutions adopted at the second International Congress on Syphilis held in Berlin should guide us in the solution of the problem, viz.: "The Public must be taught that instead of being ashamed of these diseases and not fearing them, it need not be ashamed of, but must fear them."

MILITARY STATISTICS INDICATIVE OF THE PREVALENCE OF VENEREAL DISEASES IN DIFFERENT COUNTRIES.

While we have no reliable statistics of venereal diseases in civil life, an approximate idea may be gotten by a study of military statistics, and the collective investigations of a few competent commissions.

Lieutenant-Colonel Jefferson R. Kean, of the Medical Department of the U. S. Army and Surgeon Charles N. Fiske, U. S. Navy, have kindly supplied this committee with the following data:

ADMISSION RATES PER 1,000 OF MEAN STRENGTH.

	Year	Syphilis	Chancroids	Gonorrhoea	Total venereal
United States Army..	1909	30.45	30.77	135.77	196.99
United States Navy..	1909	26.49	28.23	105.11	160.40
Japanese Navy.....	1907				139.75
British Navy.....	1908	37.46	17.87	67.16	122.49
British Army.....	1908	35.1	28.23	40.7	75.8
Spanish Army.....	1907	11.6	27.84	28.4	67.8
German Navy.....	1908	17.3	9.5	36.4	63.2
Russian Army.....	1907	17.7	12.2	30.2	60.1
Austrian Army.....	1907	16.0	10.1	28.1	54.2
Japanese Army.....	1907	10.1	10.4	17.1	37.6
Belgian Army.....	1907	6.2		19.99	26.1
Dutch Army.....	1905	4.6		17.00	21.6
Prussian Army.....	1907	4.4	2.1	12.2	18.7
Bavarian Army.....	1907	3.3	0.97	10.9	15.1

It is a lamentable fact that the United States and Great Britain, two typical Anglo-Saxon nations, should lead all other armies and navies in the prevalence of venereal diseases.

We do not believe that our population is less virtuous than that of foreign countries, but are inclined to the opinion that this undue prevalence is largely if not entirely due to the fact that the sentiment in these two countries both in and out of the profession is strongly against recognizing the evil, and therefore has not been made a subject of popular education. As a result of criminal ignorance and neglect on the part of the public the admission rate for this class of diseases in the United States Army is on the increase and is now ten times greater than in countries where serious attention has been paid to the consideration of the problem. Surgeon General Rixey of the U. S. Navy in his Annual Report for 1909, tells us that during 1907 this class of disease, if applied solely to the force afloat, "would have operated to render entirely inactive for over a month three battleships with a complement of 1,000 officers and men each." During the year ending December 31, 1908, there were treated in the U. S. Army 11,113 cases in a total of 72,441 men. On page 57 the Report of the Surgeon General says: "Taking all of the venereal diseases together with their results, this class of infections continues to increase, as might be expected of any contagious disease against which the sanitary authorities take no measures of isolation or prevention." The number of sick days for venereal diseases in the U. S. Army for 1909 would represent 971 men as constantly sick, nearly the strength of a regiment; 122 men were discharged on account of syphilis and 84 on account of gonorrhoea.

It may be contended "that enlisted men of the Army and Navy are not representative of our civil population," but let us not forget, as pointed out by Surgeon Fiske, "that the mentality, general morale and station of the enlisted personnel of the Navy has steadily improved during the past ten years, the years of great expansion of the service * * * * that the source of supply of our 15,000 first enlistment recruits and the destination of a similar number of men discharged each year is the civil population." The truth of the matter is that the enlisted men of the Army and Navy are picked men—the majority are recruited from the rural districts and in point of virtue are far above the average of our grades of society; they do not contract these diseases in their own quarters, but in the surrounding civil communities, just as they would contract typhoid fever if that disease happens to be unduly prevalent in the respective locality. We believe, therefore, that our Army and Navy Statistics furnish a fairly accurate index of the relative frequency of sexual diseases among the celibate male population in this country. Indeed, we quite agree with Professor Fisher of Yale when he says in his Report on National Vitality "that venereal disease may be more prevalent in Civil life than in the Army and Navy service since the inhibitory influence of military restraint and discipline

do not exist and the opportunities for licentious relations are more abundant." The statistical inquiries which have been made in civil life reveal the following facts:

The statistics collected in 1908 by the President's Homes Commission, show that out of 274,611 patients treated in the city hospitals of Washington there were 9,869 syphilitic affections, 3,643 cases of chancroids and 14,435 cases of gonorrhoeal affections; total 27,947 cases of venereal diseases. The majority of the patients treated belonged to the dependent classes. We are unable to secure statistics of cases treated in private practice. Professor Parkes of England says: "It is a question whether a large number of the young men of the upper and middle classes do not suffer in youth from some form of venereal disease. In the lower classes it is perhaps equally common."

Neisser of Germany holds that gonorrhoea is, perhaps with the exception of measles, the most widespread of all diseases. Other German authorities have computed that fully three-quarters of the adult male population and one-sixth or more of the adult females have contracted gonorrhoea and that 15% of the population is syphilitic.

In 1901, a Committee of Seven, under the auspices of the Medical Society of the County of New York, made an investigation into the prevalence of venereal diseases, and from the information received from private physicians, reports of the hospitals and dispensaries, concluded that there were not less than 243,000 cases of venereal diseases treated in one year in that city. During the same year there were only 41,585 other cases of infectious or communicable diseases reported to the Health Department, viz.: measles, 12,570; diphtheria, 11,001; tuberculosis, 8,877; scarlet fever, 7,787; chicken pox, 99. In other words, the morbidity from venereal diseases was nearly six times greater than that from all the above named infectious diseases combined.

Dr. Prince A. Morrow, of New York, basing his statement on a large personal experience and upon the statistics collected in that city and in Baltimore in 1907 by a Committee on Sanitary and Moral Prophylaxis, says: "Assuming that our population is more virtuous than that of Europe, it must be a conservative estimate that in this country the morbidity from gonorrhoea would represent 60% of the adult male population, and that of syphilis from 10 to 15%." Which would mean that between 3 to 4 million cases are annually treated in this country. According to this same author, 20% of the cases occur before the 21st year; 60% before the 26th year, and 10% of the men who marry infect their wives. The report of the New York Committee "would indicate that nearly 30% of all venereal infections

occurring in women in private practice in the city are communicated by their husbands;" and from his personal observations at the New York Hospitals extending over a period of several years, he concludes that "fully 70% of all women who come therein for treatment were respectable married women who had been infected by their husbands."

In view of the foregoing American statistics, we conclude with Surgeon Fiske that "until it can be demonstrated to the contrary, it cannot be considered unfair to assume that one youth out of every six in this country between the ages of 17 and 24 contracts a venereal infection every year.

GENERAL CHARACTERISTICS OF VENEREAL DISEASES.

This class of disease includes all disorders which are usually, though not invariably, communicated from one person to another by means of impure sexual intercourse. If it be a simple excoriation of the organs which has been inoculated with some of the septic germs, it is called a chancre; if it results in an inflammation of the urethra or vagina produced by a specific organism, it is called gonorrhoea, and if the primary structural and cutaneous lesion is caused by a specific organism which subsequently extends by means of the lymphatics to the blood, the skin, mucosa and to nearly all of the tissues of the body, even to the bones and periosteum, it is called syphilis; gonorrhoea and syphilis are the most important of the sexual diseases. While the two disorders are quite unlike in their nature and effects and are caused by distinct micro-organisms, they are similar in this;—that the development of their disastrous sequelae is usually slow and insidious; the disease does not generally necessitate confinement of the patient in bed; the virus is not communicable except by intimate contact; and persons suffering from these diseases, as in the case of incipient tuberculosis, may not even be suspected of being carriers of infection. Syphilis may be acquired and even inherited, both diseases may be communicated in an extra-genital way, and therefore not only affect the offender but perfectly innocent persons, and even the unborn offspring. It has been well said that the microbe of gonorrhoea is exceedingly persistent and unlike some other infectious diseases does not confer immunity; indeed one attack rather predisposes to subsequent attacks. Syphilis is perhaps a more curable disease but the average young man thinks he knows more than his physician and rarely avails himself of the benefits of a prolonged course of treatment which is so essential for permanent recovery.

SYPHILIS.

This disease first attracted attention in Europe in the latter decade of the 15th century. During the siege of Naples by the French troops under the command of Charles VIII in 1495, a disease characterized by ulcers on the genitals, general eruption of the skin and violent pains in the head and limbs, broke out among the French soldiers and the civil population, and after the return of the French soldiers the disease appears to have spread rapidly throughout France and Europe. Quite early in the history it was recognized that the disease was principally contracted during sexual intercourse and hence was named "lues venerea," while the populace commonly spoke of it as the "Frenchman's disease." The real nature of syphilis remained a mystery until 1905, when Schaudinn discovered an organism now called the *treponema pallidum* which is believed to be the causative factor. The micro-organism evidently clings to the secretions of syphilitic ulcers, to the tissues of diseased organs and possibly also invades the blood and the mammary glands after it has ceased to be a purely local affection. The virus may be conveyed in an extra-genital way by kisses, use of infected drinking cups, pipes, cigars and cigarettes; by the mouthpieces of wind instruments; by dental and surgical instruments; by use of stick alum by barbers; by the act of suckling, from infants to nurse and conversely; in tattooing, and during digital examinations by physicians, in case of abraded surfaces, hang-nails, etc. There is every reason for assuming that the virus may be transmitted to the offspring, either through the sperma or the blood of a syphilitic mother.

Syphilis is indeed a disease of the blood and affects every tissue of the body. Apart from the long duration of the disease, and the pecuniary losses involved by care and treatment and arrest of the earning capacity, its effect upon longevity and procreation are most destructive.

Syphilis is responsible for 42% of abortions and miscarriages; from 60 to 86% of the offsprings of syphilitics die before or shortly after birth, and those who survive are subjects of generative and organic defects, transmitted to future generations. Fournier's personal statistics show that 90 women infected by their husbands became pregnant in the first year of married life, of these 50 aborted and 40 carried the offspring to full term, but of these only two survived. He also gives statistics, based upon authentic sources, where syphilis has practically extinguished the posterity of certain families. One table gives out of 216 births, 183 deaths; another out of 157 births, 157 deaths, or a mortality of 100 per cent.

The disease swells the number of inmates of almshouses, asylums for the insane and homes for incurables, wrecks the health and happiness of many families and leads to premature decay.

According to Dr. Prince A. Morrow, the number of syphilitics in the United States has been estimated at 2,000,000, and the extermination of social diseases would probably mean the elimination of at least one-half of our institutions for defectives. When we consider that the mortality from diseases of the nervous system and the circulatory system has increased in the last 27 years over 100 per cent., and that syphilis is one of the best known causes of this class of diseases, we have indeed good reason to feel alarmed. Morrow states that:

"Every case of hemiplegia occurring in a man less than 40 years of age, not addicted to alcohol or affected with lesions of the circulatory system, is eight, or more correctly, nine times out of ten of syphilitic origin.

"The proportion of ocular paralysis resulting from syphilis is about 75 per cent. on the average * * * * * In statistics embracing 743 cases of cerebral syphilis, 354 of which were followed up to a known termination, 77 were cured, 68 died, while the remaining 209 survived, but with various infirmities of a grave character and in every case irremediable."

According to the statistics of Erb, Althaus, Fournier and others, from 80% to 90% of the cases of locomotor ataxia are of syphilitic origin. In 3,429 cases of tertiary syphilis, Fournier found diseases of the nervous system in 1,085 instances, cerebral syphilis in 461, spinal affections in 40, general paralysis in 32 cases.

GONORRHOEA.

This disease, so often regarded as a trivial affection by frivolous young men, is also specific in character, caused by a micro-organism discovered by Neisser in 1879. The organism clings to the discharges in acute and chronic cases and may persist long after the disease is apparently arrested. While at first a purely local affection, it may produce destructive inflammation resulting in stricture of the urethra; it may also extend to the testicles, prostate gland, bladder and kidneys, the joints, and ultimately affect the heart and other vital organs. Indeed the disease—gonorrhoea—is believed to be responsible for more misery, ill health and race suicide than any other sociological factor.

The average duration of acute cases is from four to six weeks, but there are a large number of chronic cases requiring at least six months' careful treatment and according to the investigations of a committee of the American Medical Association, 3 per cent. of the cases were practically incurable. One of the most frequent complications is gonorrhoeal rheu-

matism which affects the joints in about 30% of the cases. Another baneful effect is the latency of the disease due to the fact that the gonococci often persist in the genito-urinary secretions for years and hence the great danger of communicating the virus to wives by husbands who considered themselves as having been cured before marriage. It is certainly startling to be told by competent specialists that fully 80% of all the operations for inflammatory diseases peculiar to women, practically all of the pus tubes, 75% of the suppurative inflammations of the pelvic organs, 70% of all the cases which come to specialists for diseases peculiar to women are of gonorrhoeal origin. It is equally appalling to realize that the same germ is the cause of blenorrhea neonatorum, a purulent affection of the eyes of new born children which contributes a contingent to our asylums for the blind of from 10 to 20 per cent—from 40 to 60 percent, before the Crede method of prevention was instituted. Dr. Swan M. Burnett, Professor of Ophthalmology, Georgetown University, expressed the conviction that at least 15,000 of the 50,000 blind persons in the United States lost their sight from this cause, involving a financial loss to the commonwealth of seven and one-half millions annually.

Every physician is familiar with cases of venereal diseases among children, in some instances contracted under revolting circumstances. Dr. Cole, in Osler's *Modern Medicine*, cites 19 epidemics of gonorrhoea with 660 cases among children in various hospitals. Dr. Holt has observed 273 cases in the "Babies Hospital" in New York of which 172 were acquired in the Hospital through the medium of napkins, baths, syringes, clinical thermometers and possibly tongue depressors. "The disease is undoubtedly carried from child to child by nurses who care for the infected as well as for the uninfected children."

The destructive effects of gonorrhoea on the procreative functions have been very properly emphasized in connection with the "race suicide problem." Neisser maintains that gonorrhoea is even a more potent factor than syphilis in sterility and that more than 45 per cent. of all involuntary childless marriages are due to this cause. Indeed very competent judges hold that the social diseases are the most powerful of all factors in the degeneration and depopulation of the world.

PREVENTIVE MEASURES.

The remedial measures which have been proposed for the prevention of these diseases and which affect not only the offender, but the wives, the offsprings and not infrequently also perfectly innocent persons, are numerous enough, but not so easy of application. Since the chief source of infection is prostitution, the sanitarian suggests that a person afflicted

with a venereal disease is quite as much a menace to public health as would be a case of small-pox or any other communicable disease and points with emphasis to what has been accomplished in Europe in the way of official control of prostitution, as a lesser evil, by registration of brothels and their inmates and periodical inspections and the detection and cure of diseased men and women. He will tell us, and the statistics will support him, that the prevalence of venereal diseases is least where sanitary measures are most rigorously enforced.

The medical profession is by no means agreed as to the propriety of this method, mainly because such a system seems too much like a recognition of the inevitableness of the social evil and practically an official sanction of it. Others, moreover, with good reason assert that licensing and sanitary inspection tend to produce a false sense of security, as inspection is insufficient to prove the absence of disease even in the hands of the most skilled and also because the system provides for the inspection of women only and not men, who are equally capable of spreading the disease.

In the crusade against the social evil every effort heretofore made, spasmodically to be sure, has been to apprehend the female offender, and all such attempts have simply resulted in secret prostitution which is far more dangerous in its social and sanitary aspects. Indeed every attempt to make laws upon the subject which apply to women and not to men is most unjust and establishes a different standard of morality for the two sexes.

As expressed by Morrow:

"The prostitute is but the purveyor of the infection. She simply returns to her male partner, the prostituant, as he is termed, the infection she has received from another prostituant. In the ultimate analysis it will be found * * * * * that the most essential cause, the *causa causans*, of prostitution is masculine unchastity—the polygamous proclivities and practice of the male, which lead him to seek the gratification of his sexual instinct wherever and whenever he can find a receptive partner. * * * * * The woman owes her fall to the aggressive solicitations or seduction of the man. She may even be a quasi-willing victim, but she yields rather from sentimental feeling than from sexual inclination. * * * * * Women are the most pitiless and unrelenting in the ostracism of those of their sex who have crossed the Rubicon of virtue. The virtuous matron who would shield her daughter from all contact with a fallen sister as contaminating, with most indulgent charity smiles upon the very man who may have been the author of her ruin; she may, indeed, receive him as a suitor for her daughter, if he is otherwise eligible. * * * * * As a result of this double standard of morality society practically separates its women into two classes—from the one it demands chastity, the other is set apart for the gratification of the sexual caprices of its men. It thus proclaims the doctrine, immoral as it is unhygienic, that debauchery is a necessity for its men."

EDUCATIONAL METHOD.

On the whole your Committee believes that the remedy lies in public education which should be carried on along the same lines which is making the work of local societies and the National Association for the study and prevention of tuberculosis so effective. The great majority of the people have no knowledge of the subject, simply because of the erroneous assumption that it is not one which lends itself to general discussion.

It is indeed gratifying that such a respectable magazine as the "Ladies Home Journal" has given attention to topics of this character and has insisted for several years upon a greater parental frankness with children about their physical selves. On the Editor's Personal Page, in the issue of September, 1908, we find the following courageous statement:

"Because of the secrecy with which the whole question is enshrouded it is practically impossible to obtain absolute figures. But so far as the highest authorities have been able, through the most careful inquiries, to secure accurate figures, it is a conservative statement to make that at least 60 out of every 100 young men are today 'sowing their wild oats.' Of these 60 young men a startling number are either already making or will make a tragedy of marriage. They produce either childless homes, dead born or blind babies, children with life-long diseases with them, or they will send thousands of women to the operating tables. * * * * * This frightful condition has been brought about largely by two contributing factors: first, the parental policy of mock modesty and silence with their sons and daughters about their physical selves, and, second, the condoning in man what is condemned in women. Fathers and mothers and in consequence girls, have condoned in a young man this sowing of his 'wild oats' because it was considered a physical necessity; that it 'would do him good'; that it 'would make a man of him'; that 'it would show him the world'—all arguments absolutely baseless. The remedies proposed are along the principles already indicated, viz.: knowledge of the subject, and that 'we fathers of daughters must rid ourselves of the notion that has worked such diabolical havoc of a double moral standard. There can be but one standard, that of moral equality. Instead of being so painfully anxious about the 'financial prospects' of a young man * * * * * it is time that we put health first and money second. * * * * * Let a father ask the young man, as the leading question, whether he is physically clean; insist that he shall go to the family physician, and if he gives him a clean bill of health, then his financial prospects can be gone into. But his physical self first. That much every father would do in the case of a horse or a dog that he bought with a view to mating. Yet he does less for his daughter, his own flesh and blood. Once let young men realize that such a question would be asked them by the father of the young woman whom they would marry, that a physical standard would be demanded, and that knowledge would be more effective for morality among young men than all the preaching and moralizing and exhortations of the past thousand years. Thus, and thus only, can we save our daughters and their unborn children. But in no other way."

It should be stated that as early as 1873, the late Dr. J. Harry Thompson, then in charge of the Columbia Hospital for Women in Washington, advocated the plan of insisting upon a clean bill of health and related to

the class an instance in which a young man, after complying with what he considered a reasonable parental request, told the father: "Now that I have furnished you with evidence of my physical cleanness, I shall insist upon a similar evidence in your case, as I am equally anxious to perpetuate the purity of my blood."—to which request the father unhesitatingly acceded.

We cannot find words strong enough in commendation of the brave editorial and the excellent article, "The Tragedy of the Marriage Altar" by Dr. Abraham L. Wolbarst in the "Ladies Home Journal" for September and October, 1908. The medical profession has realized for years the necessity of proper education, for if we expect the parents to impart information on sexual purity, they must acquire it primarily from some competent and reliable source. Few of our magazine writers have heretofore been brave enough to present this question as the "Ladies Home Journal" has done. For all of these reasons members of the medical profession have advocated for years that hygiene should form a part of the curriculum in our public schools and the question discussed from the standpoint of sexual hygiene pure and simple. Public lecturers on the purity of man commit a serious mistake, generally, when they picture the consequences of the social evil without offering a suitable remedy. Many a young man thinks it essential to his health to give vent to his penned up secretions by sexual intercourse and to demonstrate his manhood. If deterred by fear of contracting venereal diseases, in the absence of other remedies he will most likely resort to unnatural methods.

We should make a strong plea in favor of continence, and tell our young men that while the sexual passion is very strong, it can be accelerated or delayed, excited or lowered by the influence of the will. We should assure them that sexual indulgence is not a physiological necessity, and that nature will relieve herself by an occasional nocturnal emission. By the cultivation of pure thoughts, removal of temptation, normal mental condition, and especially by cold baths and vigorous physical exercise and avoidance of an excessive meat diet, continence may not only become possible but easy. Those who witness the good effects of athletic sports cannot fail to appreciate that here is a good field in which to expend exuberant animal spirits, and in this sense, "public playgrounds" are a strong factor in the promotion of sexual purity. We can hardly go astray if we follow Dr. Parkes in advising a pure young man to make his home after the age of 22 or 23, and thus secure himself both from the temptations and expenses of bachelorhood. Dr. Howard A. Kelly believes that the Christian standard is the solution of the whole problem of chastity. We quite agree with him, provided the church makes an endeavor to combine

religious and social work, and until this is accomplished we should not hide the evil because it is not a pleasant subject to talk about.

Among the sensible recommendations submitted by the "Committee of Fifteen" in the City of New York, were:

"First, strenuous efforts to prevent, in the tenement houses, the overcrowding which is the prolific source of sexual immorality. * * * * * Secondly, the furnishing, by public or private munificence, of purer and more elevating forms of amusements to supplant the attractions of the low dance halls, theatres and other similar places of amusement that only serve to stimulate sensuality and to debase the taste. The pleasures of the people need to be looked after far more earnestly than has been the case hitherto. * * * * * Thirdly, whatever can be done to improve the material conditions of the wage earning class, and especially of young wage-earning women, will be directly in line with the purpose which is here kept in view. It is a sad and humiliating admission to make, at the opening of the 20th century, in one of the greatest centers of civilization in the world, that in numerous instances it is not passion or corrupt inclination, but the force of actual physical want, that impels young women along the road to ruin."

Referring to the question of intimate contact in tenement houses as a predisposing cause to prostitution, it is a matter of satisfaction to record that both General Sternberg and Dr. Kober realized this danger when they urged, in 1898, the adoption of model two-story apartment houses with separate entrance and exits for each family so that the sanctity of home might be preserved.

STATE METHODS.

The question naturally arises—what can and should the state do to prevent the moral, social and physical ravages of these diseases? It must be confessed that the measures looking to the inspection and control of prostitutes are sadly inadequate. It has been suggested by German authors that the evil might be materially lessened by holding the persons who knowingly spread venereal diseases responsible for the damages. Indeed a German jurist goes so far as to advocate the punishment of persons who neglect to seek treatment when afflicted with venereal diseases. Apart from this the State should certainly insist upon:—

First; compulsory notification of venereal diseases; the enforcement of laws or police regulations relating to houses of ill-fame, and to the sale of alcohol, particularly to minors; a closer supervision of soliciting in streets and the enticement of females under a fixed age. There is certainly no good reason why the terrible temptations which greet our young men and women on every street and in many public places should not be removed. A well-trained police force will have no difficulty in recognizing and ban-

ishing the solicitors, both male and female, from the streets, and in cautioning young men, especially minors, of the dangers of the red light district.

Second; Health Boards can also recommend the enactment of laws for the prevention of syphilis acquired in an extra-genital way, by regulating the profession of barbers and chiropodists and manicurists and requiring a special examination of wet nurses, cigar-makers and glass blowers. Apart from the real dangers of these sources, the educational effects of such ordinances will be beneficial.

Third; Health Boards should also exert their influences towards securing adequate facilities for the treatment of indigent patients. In Havana, a dispensary for the treatment of these diseases is kept open at night to meet the necessities of laborers who cannot by reason of their work come in the daytime. It is supported by the funds of the "Special Section of Hygiene."

In Northern Europe, where venereal diseases are reportable and treatment is within the reach of all classes, these diseases, according to Weiss, have greatly diminished; but here, as Bulkley puts it,

"ignored through ignorance, neglected through negligence of our duty, so ostracized and outclassed, venereal diseases, through false shame, concealment, prejudice, carry on their slaughter unhampered, unchecked and undisturbed, devastating coming generations and ruining the present one."

Fourth; Health Boards may co-operate with the profession and dispensaries by printing for distribution, leaflets stating the nature of the diseases, the manner in which they are contracted and the ways in which they may be transmitted to other persons, and by the encouragement of a general educational campaign in which sexual purity, respect for women, and the possibility of physiological continence should be inculcated. The evil and far reaching consequences of impure and unlawful gratification should be clearly pointed out.

A word of caution is necessary to impress upon the victims of venereal diseases the utter uselessness of treating with various advertised cures. As very properly said by Mr. Samuel Hopkins Adams in "Collier's Weekly," September 22, 1906:

"All this class of practitioners are frauds and swindlers. Many of them are ex-criminals in other fields. 'The Old Doctors,' the 'Physicians' Institutes,' the 'Medical Councils' and the 'Quick Cures' are all equally to be shunned. Blackmail is the underlying principle of this business. These treatments can not cure; ten to one they only aggravate the disease and render it dangerous or even deadly. But once they have a man in their clutches they need not help him in order to get his money. If he demurs at their charges a threat to expose the nature of his ailment to his family

or employers is enough. * * * * * Every advertisement of private diseases or 'men's specialists' ought to be a danger signal pointing not only to wasted money, shame and misery, but often to invalidism and a dreadful form of death, where in 90% of cases, reputable treatment would have brought the patient through.

"In some localities it is against the law to publish advertisements of this class. Pennsylvania has such a law, but it is a dead letter. St. Louis is attempting to enforce its illegal advertising ordinance and the St. Louis newspapers are fighting to save themselves the dollars tainted with unspeakable filth."

Your Committee desires to express its approval of the excellent prophylactic measures which have been adopted by the Medical Department of the United States Army and Navy. This prophylaxis, according to Surgeon Fiske,

"comprises a campaign of education conducted by Medical Officers in connection with first aid instruction and the unobtrusive distribution of confidential circulars setting forth the dangers of sexual relations with any woman who practices prostitution. Concealment of a venereal disease is punishable in these services. In the Navy a copy of each day's liberty list is furnished the Medical Department, upon which, opposite each man's name, upon his return to the ship, is checked his denial or admission that he has exposed himself by intercourse; his statement is accepted by the hospital attendant and, if affirmative, he is given opportunity to thoroughly cleanse the parts with soap and water, and on some ships with mercuric chloride solution; this is followed by an urethral injection of some disinfecting solution (usually of an organic silver preparation) which is retained for several minutes; the next step is the thorough application, by rubbing into the glans and prepuce, of a 30 per cent. calomel ointment. If venereal disease develops after a denial of coitus, after due consideration of the probable incubation period, disciplinary measures for a serious infraction of regulations are in order. Some medical officers, particularly on the small ships, conduct physical inspections before the men are allowed to go ashore, after their return, or at irregular intervals, as varied experience may dictate. Men are deprived of shore leave while suffering from venereal disease. Each patient is furnished with a copy of the appropriate 'Confidential Circular of Information Nos. 2, 3 or 4.'"

"The Navy Department has not yet been able to decide that the German method of carrying a packet of prophylactic medicaments for use ashore with 'malice aforethought' is practicable for the higher order of enlisted men which we are now recruiting. * * * * * Astonishingly favorable results have been repeatedly reported during the year to the extent that, on numbers of vessels visiting the same highly infected ports, where venereal disease was formerly the rule, a reduction of from 75 to 95 per cent. has been obtained."

Fleet Surgeon Diehl of the United States Asiatic Squadron, in considering the statistics for 1909, reported:

"The percentage of 'denials of exposure' was 67.75. There has been a constant monthly increase of this percentage, and this, or what amounts to the same thing, a steady diminution of the number admitting exposure, may have some ethical significance. The prominence given to the question of venereal disease by commanding and medical officers, the talks on personal hygiene, the institution of the prophylactic scheme in itself, have been beneficial by bringing the better class of men to a great-

er realization of the evils frequently resulting from exposure and by stimulating the latent moral sense. In any event, *there is no reason to think that a sense of security engendered by the scheme has caused any increase in indulgence.* The claim for the scheme will cause a greater number of concealments of disease has also been refuted on the *Charleston*, by a recent examination of the entire crew, not a single case of concealed disease being found."

As a result of year's experience and observation, Medical Inspector Diehl felt justified in submitting the following conclusions:

"That venereal diseases can be almost entirely eliminated from the naval service by timely prophylactic treatment.

"That since venereal diseases cause greater damage to efficiency and loss to the Government than any other, nothing should be permitted to stand in the way of the general adoption of this treatment.

"That its efficient application is dependent upon departmental authorization and the co-operation and support of those in command and having disciplinary powers.

"That with such support and authorization the medical officer is responsible for the existence of venereal diseases and that upon him must fall the opprobrium of its existence.

As pointed out by Surgeon Fiske:

"The Naval Surgeon practices compulsory notification and sees no logical reason why civil sanitary codes should not define venereal cases as equally notifiable with typhoid. He recognizes venereal disease as a terribly unmistakable condition and leaves its conception as a theory to the myopic moralist who has never been willing to recognize it as anything but a theory. Can any appeal reach the influential civil official to get him to co-operate with the military sanitarian by offering personal prophylaxis throughout the long years which will transpire before a moral regeneration displaces prostitution. Can he be persuaded that it is worth while to prevent hundreds of our young men throughout the country each day contracting such a loathsome disease as syphilis? If a plea can be entertained only for the innocent let us protect the future wives and progeny from irremovable blight."

The Surgeon General of the Army says in his last report referring to venereal disease (p. 57-58):

"The magnitude of the evil and the large loss from inefficiency in addition to humanitarian considerations, have induced the military authorities at a number of military posts to take earnest steps to check the spread of these infections. Such steps have been the instruction of soldiers by lectures as to the danger of venereal diseases and the healthiness of continence; periodical inspections to detect and subject to medical observation and treatment those found diseased; the withdrawal of passes to be absent from the post of such, and the issue of preventive medicines for local application to such as will not be restrained by considerations of morality or prudence from exposure. These antiseptic applications are given only upon the personal request of individuals. If such steps were taken universally throughout the army and a campaign of education instituted which should reach each recruit from his admission to the service, it is believed that the evil record of the American Army might be greatly bettered."

The inclination of our people to ignore the existence of conditions which offend their moral sensibilities and for which no remedy is apparent is a most unfortunate expression of a praiseworthy moral attitude. It is that of the ostrich hiding its head in the sand in the presence of danger. To this attitude is due the refusal of American Communities to treat this very dangerous class of contagious diseases like other contagious diseases by suitable restrictive measures, such as reporting, inspections and lock hospitals. Although prostitution has been always an invariable concomitant of civilization, we refuse to recognize the fact and to take rational measures to restrict the boundless physical mischief which the prostitute causes as a purveyor of diseases, lest the recognition of the danger be construed as a recognition also of the trade. And some wise men are found who gravely affirm that measures which prevent the spread of these diseases will, by making illicit intercourse more safe, encourage vice. If it could be shown that fear could effectually control the most basic and most imperious of our instincts, the reproductive impulse, this argument might be worthy of consideration, but, unfortunately the evidence is all the other way.

Equally unsocial and even more illogical are those who, like their prototype of old on the road to Jericho, pass by on the other side, and proclaim that those who break the moral law deserve no pity for whatever befalls them. This attitude might be defensible if these diseases attacked only the depraved and habitually licentious. On the contrary not only we physicians but every man of the world knows that among our bravest and highest types of manhood are many who in the hey-day of their youth have not always shown the self-control of Joseph:

"How many a father have we seen.
A sober man among his boys,
Whose youth was full of foolish noise,
Who wears his manhood hale and green."

If the Pharasee shall say that these are not worth every effort to save, what shall he say to the great army of the innocents, the gentle wives, the young children, who shall bear the sins of their husbands and their fathers.

It is a condition, not a theory, that confronts us, and the condition is too urgent to be left longer to the theorists and the formalists. It is believed that a campaign of education should be initiated and that this Association should set the example of moral courage:

Your Committee recommends therefore:

I. The recognition, study and control of the prevalence of gonorrhoea and syphilis by the state boards of health, as with all other communicable preventable diseases, by securing reports from physicians of cases by num-

ber, at first by request and later by legal requirements, in order to ascertain the distribution of these diseases.

II. An educational campaign for parents of all social classes and children of all ages and sexes. This teaching should be not only moral but also medical in the widest sense. It will not do at present to rely on the moral argument.

(a) Proper distribution of circulars, pamphlets and other literature by State Health Departments through all suitable channels.

(b) State Health Departments to instruct all its local health officers in sexual matters and direct them to make a systematic effort to educate the people in their respective communities.

(c) State Health Departments to make a definite and determined effort to awaken and interest the medical profession in this fight against venereal diseases.

(d) State Health Departments to send out especially trained paid teachers and lecturers of their own, supported by exhibits and lantern slides, to address special meetings of parents, health officers, medical men, teachers and others in schools, colleges, churches, etc., on these and other preventable diseases.

(e) State Health Departments to encourage the organization of local leagues or associations, whose purpose shall be the support of and control of a crusade against the spread of all communicable diseases.

1. Said societies to include every profession and walk of life.

2. To depend preferably upon philanthropists for necessary funds, rather than upon paid subscriptions for financial support.

(f) State Health Departments to interest and provide for the authorities having charge of the educational curriculum in public and in private schools.

1. By introduction of biology into the graded course of all schools.

2. By introduction into the text books on physiology of the upper grades instruction in reference to anatomy and physiology of the urinary and sexual organs.

3. By special instruction to normal school students who are to become the instructors. To impress upon the preceptors and teachers of those subjects, presidents and deans of all colleges the necessity of repeated instruction in reference to the communicability of syphilis and gonorrhoea and to inculcate a morale of protection among the college fraternities.

4. To utilize the public press for the proper occasional presentation of the subject and to discourage the display of advertising matter which encourages the exposure to dangers in these diseases.

5. To utilize churchmen's clubs, fraternal societies, trades unions, women's clubs, and especially mother's clubs for the immediate instruction of parents.

(g) State Health Departments to recommend the enactment of laws for:

1. Registration, physical inspection and segregation of prostitutes.
2. Notification and report (by number if desired) of venereal cases.
3. Physical examination of men before marriage.

4. Penalizing and holding to a strict (perhaps money damage) accountability those knowingly responsible for the transmission of venereal diseases.

5. Keeping open free night dispensaries and maintenance of special dispensaries and hospitals for these diseases.

III. Advocacy of temperance on account of the relationship between alcoholism, venereal diseases and insanity.

IV. Advocacy of personal cleanliness and venereal prophylaxis for those whose carnal appetites cannot be controlled by the agencies of moral prophylaxis.

V. Advocacy of early marriages.

These recommendations were adopted unanimously by the Committee except the one referring to registration, physical inspection and segregation of prostitutes, in regard to which a minority was opposed on the ground of expediency.

GEORGE M. KOBER,
JEFFERSON R. KEAN, U. S. Army,
CHARLES N. FISKE, U. S. Navy,
J. W. KERR, Public Health Service,
EUGENE H. PORTER,
GARDNER T. SWARTS,
GEORGE W. GOLER,
JUAN BRENA.

A CONSIDERATION OF VENEREAL PROPHYLAXIS IN THE U. S. NAVY FOR THE BENEFIT OF PUBLIC HEALTH OFFICIALS*

By CHARLES N. FISKE, M. D.,
Surgeon, U. S. Navy.

One man out of every seven in the navy develops a venereal infection each year; assuming an average of four years' service for each individual we judge that over 50% of the personnel have a venereal disease at some time during this relatively brief portion of their lives.

Surgeon General Rixey stated in his annual report for 1909 that during the year 1907, if applied solely to the force afloat, this class of disease "would have operated to render entirely inactive for over a month three battle ships with a complement of 1000 officers and men each." In 1908 there were 6514 total admissions for venereal affections of which 4681 represented original infections; these cases furnished 106,526 sick days which represent a loss of service and treatment expense to the government of over two hundred thousand dollars. During that year 1001 cases of syphilis alone occasioned 36,645 sick days or nearly 7% of the total disability. For the ten-year period 1899-1908 the average number of persons which these sick days would represent as constantly disabled from syphilis throughout the year was 82.7.

"From the above is adduced the fact that the Government not only loses the services, but must defray all the expenses of illness of approximately 1000 men for an entire month out of every year on account of this single venereal disease."

The mentality, general morale and station of the enlisted personnel of the navy has steadily improved during the past ten years—the years of great expansion of the service; at the same time the apparent incidence rate for venereal disease had risen to such a point (108.42 per 1000) four years ago, that certain progressive medical officers were no longer content to wait for moral regeneration, which promised to require incalculable time, but decided that the problem was sufficiently urgent and damaging to military efficiency to justify them in attacking it with almost as practical weapons as they naturally would any other disease producing factor. The instruments of offense have been increasingly educational but owing to the moral question involved the defensive measures have hardly yet

* Read at 38th Annual Meeting of American Public Health Association, Milwaukee, September, 1910.

reached the rational point whereby one dons clothing before exposure to cold. If one must, or is determined to undertake the risk of contracting a cold, the warm coat before and the hot drink after, are considered to be properly indicated; if he WILL undertake the chances of venereal infection and if it is not quite proper to use the before-exposure, then the naval surgeon says he shall use the after-exposure, prophylaxis. Inunction with calomel ointment and injection with an organic silver preparation may seem to be the locks applied to the stable door "after the horse has been stolen," but certain substantial, even if hardly convincing, results are achieved with yet a margin of failure sufficiently wide to deter the enlightened from cherishing any assurance of immunity. It is assuredly no more immoral or unmoral to apply cleansing and antiseptic measures following exposure than by not using them, to leave the issue to an indiscriminating Fate, who perchance will spare the rouse and cruelly punish the misguided first offender.

Surgeon Arnold* only three years ago in urging more rational treatment (prior to discharge) of syphilitics in the Navy, very pointedly remarked:

"But I regard the implication of any government, that advertises publicly, conspicuously and flamboyantly for young and unmarried men for its services and that employs them under conditions that prohibit them normal sexual relations for the most part, as logical, absolutely subsequently to conserve at least such young men's physical welfare. Instead, we find those of them that acquire syphilis, systematically discriminated against by government agents, whom collectively this body represents. These immature and often uncautioned men's moral weakness, under the stress of an instinct that is fully as strong as the love of life, is designated by these agents as viciousness without the least allowance for the real state of the case. This prejudice, which can only be explained by the academic theological deduction that venereal diseases are punishments for illicit sexual incontinence, is a phase of incomplete public logicity that cannot be discussed here."

Men do not contract venereal disease from the navy but from the civil communities which surround our yards, stations and ports. Certain municipalities are notoriously indifferent as to the amount of typhoid infection which they furnish the navy, but all are infamously indifferent as to the venereal infection. The naval surgeon practices compulsory notification and sees no logical reason why civil sanitary codes should not define venereal cases as equally notifiable with typhoid. We recognize venereal disease as a terribly unmistakable CONDITION and leave its conception as a THEORY to the myopic moralist who has never been willing to recognize it as anything but a theory. Can any appeal reach the

* The Opportunities Afforded by the Military Services for Applying Statistical Methods in Therapeutics. *The Military Surgeon*, Vol. XXI, No. 3.

influential civil official to get him to co-operate with the military sanitarian by offering personal prophylaxis throughout the long years which will transpire before moral regeneration displaces prostitution? Can he be persuaded that it is worth while to prevent hundreds of our young men throughout the country each day contracting such a loathsome disease as syphilis? If a plea can be entertained only for the innocent, let us protect the future wives and progeny from irremovable blight!

The admission rate for 1908 already cited, may be calculated to startle those of us who have little idea of the extent of venereal diseases throughout our cities and towns, and the navy's figures for 1909, following systematic inspection of crews for last year on but one station, point to our own former lack of information as to their actual prevalence, for now that substantially all cases are reported we find the admission rate over 160 per thousand. The army admission rate for 1908 was over 174 per thousand for the troops stationed in the United States. It may be contended that enlisted men of the army and navy are not representative of our civil population, yet observant civilian authorities concede them to be now above the average of our grades of society and it must not be forgotten that the source of supply of our 15,000 first enlistment recruits and the destination of a similar number of men discharged each year is the civil population. Until it can be demonstrated to the contrary, it cannot be considered unfair to assume that one youth out of every six in this country between the ages of 17 and 24 contracts a venereal infection every year.

With regard to the details of prophylaxis, the writer has recently said elsewhere:*

"Venereal prophylaxis has been attempted and quietly practiced by a number of medical officers for some years, but, so far as the writer is informed, no energetic and systematic campaigns were instituted in the United States Navy until 1907, and it was not until December 17, 1908, that this procedure was favored by the weight of official departmental approval. While various schemes are still being tried out, some succeeding where apparently others have failed or would not be practicable, briefly, venereal prophylaxis in the naval service now comprises a campaign of education conducted by medical officers in connection with 'first-aid' instruction to successive sections of the crew, and the unobtrusive distribution of 'Confidential Circular of Information No. 1,' " the text of which follows:

* A System of Syphilis, by D'Aarcy, Power and J. Keogh Murphy, Vol VI, London, 1910.

CONFIDENTIAL CIRCULAR OF INFORMATION NO. 1.

WARNING CIRCULAR.

"1. To have sexual relations with any woman who practices prostitution exposes you to very painful and life-endangering diseases of long standing which may be transmitted to your future wife and children, rendering them mentally and physically defective.

"2. A prostitute presenting a physician's certificate of health proves thereby only that she *was* in health when examined. She may have contracted a dangerous disease a few minutes after the examination.

"3. The mouth secretion in such women is often capable of transferring disease, hence kissing, or the use of a cup or glass, spoon, fork, etc., which may not have been thoroughly cleansed after being used by a prostitute, may transmit syphilis with its horrible consequences.

"4. The fact that a prostitute appears clean and free from the signs of disease does not prove her so. The absence of disease can be established only by a very complex medical examination.

"5. If, with a knowledge of what little has been told you herein, you will risk your health and life, you must endeavor to protect yourself and those about you by a simple treatment to be obtained upon application at the sick bay and used as soon as possible after returning from liberty. No man who has been exposed to venereal infection ashore should neglect to seek the treatment to be obtained at the sick bay promptly upon return from liberty. Remember that to conceal a venereal disease you lay yourself open to severe punishment.

"A copy of each day's liberty list is furnished the medical department, upon which—opposite each man's name, upon his return to the ship—is checked his denial or admission that he has exposed himself by intercourse; his statement is accepted by the hospital attendant, and, if affirmative, he is given opportunity to thoroughly cleanse the parts with soap and water, and on some ships with mercuric chloride solution; this is followed by an urethral injection of some disinfecting solution (usually of an organic silver preparation) which is retained for several minutes; the next step is the thorough application, by rubbing into the glans and prepuce, of a 30 per cent. calomel ointment. If venereal disease develops after a denial of coitus, after due consideration of the probable incubation period, disciplinary measures for a serious infraction of regulations are in order. Some medical officers, particularly on the small ships, conduct physical inspections before the men are allowed to go ashore, after their return, or at irregular intervals, as varied experience may dictate."

Men are deprived of shore leave while suffering from venereal disease. Each patient is furnished with a copy of the appropriate "Confidential Circular of Information, No. 2, 3 or 4," the texts of which follow:

CONFIDENTIAL CIRCULAR OF INFORMATION No. 2.

INSTRUCTIONS FOR THOSE HAVING GONORRHEA (CLAP).

Your disease is not a simple but a serious matter and requires great care in treatment by the doctor, and strict obedience to the directions by you, in order to restore the organs to perfect health. It is, therefore, necessary that you do with faithfulness what the doctor orders. If you do not, it is possible that the disease will produce later in your life serious conditions which may damage your health and indeed threaten your life. Gonorrhea is a communicable contagious disease, and in order to avoid infecting other persons and to prevent such complications as bubo, swollen testicles, abscesses and stricture, etc., the following rules should be observed:

Do not drink any intoxicating or alcoholic liquors whatever, because the alcohol in the urine damages the diseased parts, and *do not drink* any spicy or soft drinks, like ginger ale, whatever, for the reason that the spicy material in the urine irritates the diseased parts, and *do not eat* any peppery or spicy foods or pickles whatever or drink any coffee or tea for the same reasons.

Do not take any violent exercise, as far as possible, such as running, horseback riding, or bicycling.

Do not indulge in any sexual excitement or sexual intercourse whatever, directly or indirectly, until pronounced cured by the doctor, as the disease may be given to a woman even after the visible discharge has ceased. Moreover, sexual excitement always prolongs and aggravates the disease through the erections of the penis.

You must wash and dress the penis with the gauze apron at least three times daily, or as directed by the doctor, and under the supervision of a sick-bay attendant.

Do not use cotton over the mouth of the penis, because it corks in the discharge, and do not wear the so-called "gonorrheal bag," because it soon becomes smeared with pus inside and is then dangerous.

You must always burn or throw overboard all soiled dressings.

You must always wash your hands after dressing the penis, because the discharge is blinding, and may be carried to your eyes by dirty fingers.

You must sleep alone and be sure that no one else uses any of your toilet articles, particularly towels and wash cloths.

Your bowels must move once every day.

You must drink all the water possible, excepting during meals and up to six hours before going to bed.

You must remain reasonably quiet, and must take the medicine regularly and as directed.

You must treat chordee by wrapping cold, wet cloths about the penis, and after the erection has subsided by emptying the bladder. Never force the penis down, as you may rupture it.

You must come for treatment with as much urine in the bladder as possible, so that the doctor may examine the urine at each visit.

"Shreads" or "floaters" in the urine show that you are not yet well and are still in a condition of danger to yourself and to any woman with whom you have intercourse.

Remember that to conceal this trouble lays you open to severe punishment.

CONFIDENTIAL CIRCULAR OF INFORMATION No. 3.

INSTRUCTIONS FOR THOSE HAVING CHANCROID.

(EATING CHANCRE, SOFT CHANCRE, SOFT SORE.)

Your disease is serious, because its poison destroys flesh. If you do not obey the directions of the doctor carefully, this destruction may be great and result in severe complications, such as bubo, which may lay you up in bed for many weeks.

You must wash the penis at least every morning and every night with hot water and soap.

You must use a special piece of soap for the washing and *destroy* the soap when you are well.

You must dry the sore carefully after each washing.

You must use for this purpose clean, soft cloths or cotton or gauze mops, burning them or throwing them overboard immediately after each and every use.

You must put on a fresh dressing as directed after each washing; any dressing or treatment must be done under the supervision of the doctor or a sick-bay attendant.

You must always wash the hands after dressing the sore, because its discharges are dangerous to the eyes and may be carried to the eyes by dirty fingers.

You must not have sexual intercourse in any circumstances, because you are sure to transfer the disease to the woman.

You must sleep alone and be sure that no one else uses any of your toilet articles, especially soap, towels, and wash cloths.

Your bowels must move once each day. If you are constipated get a small dose of salts from the doctor and take it in hot water before breakfast.

You will not be perfectly well and out of danger until the sore is completely healed. The doctor is the best person to decide this question after careful examination. Do not, therefore, cease treatment until he has pronounced the sore healed.

Remember that the Navy Regulations require that you should not conceal this trouble, but seek treatment promptly from the doctor. Concealment or self-treatment of this disease makes you liable to severe punishment.

CONFIDENTIAL CIRCULAR OF INFORMATION No. 4.

INSTRUCTIONS FOR THOSE HAVING SYPHILIS (LUES, POX, BLOOD DISEASE).

Syphilis is a treacherous and dangerous disease of the entire system. It is curable but is only cured by a long course of treatment, lasting for several years even when there are no external signs of the disease. A perfect cure requires at least two, preferably three years of faithful treatment, because it is "in the blood." Healing the chancre and taking the medicine for a *few weeks or months*, until the visible signs of the disease disappear, will not cure your blood of the syphilitic poison. It is therefore necessary that you follow the doctor's orders most carefully. If you do not, you are in danger of having the disease appear in the future in some important part of the body, like the brain, spinal cord, bones, arteries, or other organs, as the liver. If you do not follow directions, it is also possible that your wife and children will acquire the disease from you. Syphilis is extremely contagious, especially by the

sores and erosions, however small they may be, which generally occur on the genital organs and in the mouth, but which may be produced in any part of the body. A patient with syphilis must, therefore, abstain from any sexual intercourse, during the first year especially, when he has even the smallest evidence of a sore or break in the skin on the genital organs. He must also abstain from kissing when he has sores on the lips or tongue or in the mouth, for a kiss, even on healthy skin, may be dangerous. The disease may also be transmitted through the medium of any object which has been in contact with the secretions of the disease—glasses, toothpicks, spoons, forks, bottles, pipes, plug tobacco, cigars, cigarettes, linen, towels, brush, comb, soap, razor, clothing, mess gear, etc.; in fact, any contact with a syphilitic person or the secretion of the disease is dangerous. It is very important for a syphilitic subject affected with any other illness to always inform the doctor of his former syphilis, for this knowledge may be useful for the direction of treatment and the cure of the complaint, even when the syphilis is long cured. It will therefore be entirely to your own benefit for the doctor to know about your syphilis.

The following directions are of particular importance during the first year and whenever, if you neglect yourself, the symptoms break out again:

1. *Alcoholic liquors in all forms must be avoided*, because alcohol is a poison, which, added to the poison of the syphilis, makes the syphilis much less likely of perfect cure.

2. *Do not smoke or chew tobacco*, because the irritation of the tobacco increases the severity and duration of the mouth sores of syphilis, and *sour, acid, peppery, and spicy foods and pickles* should be avoided for the same reason.

3. *Brush your teeth and wash your mouth* every night and morning. Cleanliness of the teeth and mouth decreases the severity and duration of the mouth sores of syphilis.

4. *Have the dental surgeon treat your teeth* if they are bad. Tell him that you have syphilis, so that he may take precautions against catching the disease himself or giving it to other patients.

5. *To avoid giving the disease to your family, friends, or shipmates*, observe the following rules strictly:

- (a) Always sleep alone.

- (b) Always use only your own toilet articles, such as towels, brushes, combs, shaving brushes, razors, soaps, etc.

- (c) Have your own razor and shave yourself.

- (d) Have your own mess gear and keep it apart from others.

- (e) Always keep only for your own use any articles which have been in contact with your mouth such as toothpicks, toothbrushes, pencils, pipes, cigars, cigarettes, forks, spoons, cups, etc.

- (f) Always avoid kissing anyone, especially young children, and especially during the active period of the disease (the first two years). The innocent party can hardly escape infection with syphilis if you have open sores in the mouth.

- (g) Always burn or throw overboard all dressings which have been in contact with sores or wounds.

- (h) If you disobey these instructions, you will certainly give the disease to innocent persons.

Remember that the Navy Regulations require that you should not conceal this trouble, but seek treatment promptly from the doctor. Concealment or self-treatment of this disease makes you liable to severe punishment.

The substance of these circulars comprises information given in numerous former and sporadic attempts to better conditions, one of the earliest circulars being that written by the present Surgeon General of the Navy, C. F. Stokes, who was then (1901) serving on the U. S. S. "Oregon."

"The Navy Department has not yet been able to decide that the German method of carrying a packet of prophylactic medicaments for use ashore with 'malice aforethought' is practicable for the higher order of enlisted men which we are now recruiting. * * * Astonishingly favorable results have been repeatedly reported during the year to the extent that, on numbers of vessels visiting the same highly infected ports, where venereal disease was formerly the rule, a reduction of from 75 to 95 per cent. has been obtained.

"Because this system of prophylaxis has not yet been adapted to the problems with which many of the ships are confronted, and but one of the smaller fleets has provided a uniform routine for a full year, the statistical table does not demonstrate that the problem is solved; it is still too early to proclaim dogmatically the service's independence of the proverbial disregard of civil communities for venereal disease, yet, out of 6,083 liberties from the U. S. S. *Charleston* (complement 836) during the five months of venereal prophylaxis, not a single case of syphilis developed. Statistics on this ship for the full year 1909 show that out of 12912 liberties 11898 or 92.14% reported at the sick bay and of these 6,412 or 53.89% admitted exposure and received prophylactic treatment. Of the 148 admissions (1.15% of the liberties) for venereal disease (gonorrhoea 80, chancroid 66 and syphilis 2) 34, including both cases of syphilis, developed among those who failed to report; 21 denied exposure, 32 overstayed liberty, 37 had extended liberty and 24 developed disease in spite of treatment, the latter number representing 0.4% of failures in "timely prophylaxis."

"A report from the U. S. S. *Ranger* shows the result of treatment after 39 liberty parties between Olongapo, Philippine Islands, and Portsmouth, N. H., there were 256 admitted exposures in either Singapore, Columbo, Cairo, Port Said, Naples, Villefranche, Gibraltar, or Bermuda, without the development of a single case of venereal disease."

Medical Inspector Diehl*, U. S. Navy, as fleet surgeon of the U. S. Asiatic Fleet has summarized the results of prophylaxis following contact with a well known badly infected foreign population for the year 1909 as follows:

Total number who went on liberty.....	70954
Number who reported upon return from liberty.....	65635 or 92.5%
Number who failed to report upon return from liberty.....	5319 or 7.5%
Number who admitted exposure and received treatment.....	21166 or 32.2%
Number who denied exposure.....	44469 or 67.7%
Total number of primary venereal admissions during 1909: (Gonorrhoea, chancroid or syphilis).....	599
Percentage (based upon number going on liberty).....	0.84

* Venereal Prophylaxis on the Asiatic Station, U. S. Naval Medical Bulletin, Vol. IV, No. 3.

Total number of cases (599) classified, with reference to probable cause:

Failure to report.....	113	18.86%
Denial of exposure.....	85	14.19%
Overstaying liberty.....	85	14.19%
Extended liberty.....	140	23.37%
Failure of treatment.....	176	29.38%

Failure of treatment (based upon total number admitting exposure),
eighty-three hundredths per cent. (.83 per cent).

"The above covers the entire year of 1909. During the last six months, the cases have been further classified, as follows: Total number of cases during this period, 373; viz., Gonorrhoea, 246; chancroid 108; syphilis 19; subdivided, with reference to cause as follows:

Failure to report.....	66	(Gon. 48; Chan. 13; Syph. 5).
Denial of exposure.....	43	(Gon. 23; Chan. 17; Syph. 3).
Overstaying liberty.....	43	(Gon. 33; Chan. 110; Syph. 0).
Extended liberty.....	106	(Gon. 70; Chan. 30; Syph. 0).
Failure of treatment.....	115	(Gon. 72; Chan. 38; Syph. 5).

Recent reports from the Asiatic Fleet indicate that the number of primary venereal admissions was, for the first quarter of the current year, 20% less than the average for the last two quarters of 1909.

The full scheme of prophylaxis

"was not in use in all the ships from the very first, those happening to be on detached duty falling in line as soon as they became aware of its adoption and stations on shore have adopted it only recently. At the latter no liberty list is made out. Men go and come at irregular times and checkage similar to that on board ship is impracticable. Men are, however, ordered to report for treatment after exposure and if they develop disease it can readily be ascertained whether or not they took treatment. In the total number of men reported as going on liberty only those on shore stations who reported for treatment are included. Nor does this report include readmissions for recurrence of disease, for sequelae, nor on account of transfers. The cases reported were all primary admissions, the disease having developed within the period covered by the report, and are classified as cases of Gonorrhoea, Chancroid or Syphilis."

The number, 70954, reported above as going on liberty of course does not include every man, but it does cover most of these going from ships during the year.

"Liberty was given in all the principal ports on the station, from the southern Philippine Islands to Vladivostok, and the ports visited probably represented the two extremes of cleanliness as regards venereal diseases. At Cavite, Manila and Olongapo, prostitution is under police supervision and medical inspections are regularly made. In Japanese ports the same system is supposedly in use, although clandestine prostitution reduces the value of the system as affecting enlisted men. Chinese ports are notoriously unclean, although some of the men serving on vessels habitually stationed in one or two ports, consort each with some one woman. On the other hand the 'sampans' hanging about the ships and generally handled by women offer oppor-

tunities for promiscuous exposure. So the average conditions to which men serving on this station expose themselves may be regarded as similar to those in any other part of the world. The duration of liberty, which is an important factor in the present scheme, generally extends from one afternoon until the following morning."

The great prevalence of venereal affections among the Japanese and among sailors visiting the ports of Japan has frequently been cited to indicate the failure of medical inspection and segregation of prostitutes, but that these are valuable measures when properly administered is indicated by the comparatively fewer infections contracted in certain ports of the Philippines where police supervision is effective.

"The percentage of 'failures to report' upon return from liberty was 7.5. There have been monthly fluctuations in this percentage but the average for the last half year is about the same as for the first, indicating no improvement in this particular. This fact is to be regretted as 18.86 per cent. of the total number of venereal admissions is attributed to this cause. As this is one of the controllable causes that reduce the efficiency of the scheme, it should receive more consideration than it has. As already stated, men who fail to report are restricted 'for observation' for a period of at least three weeks. But it appears that this restriction and daily inspection are not sufficiently disciplinary to compel compliance with the order to report and more severe measures would seem to be indicated.

"The percentage of 'denials of exposure' was 67.75. There has been a constant monthly increase of this percentage, and this, or what amounts to the same thing, *a steady diminution of the number admitting exposure*, may have some ethical significance. The prominence given to the question of venereal disease by commanding and medical officers, the talks on personal hygiene, the institution of the prophylactic scheme in itself, have in the writer's opinion, been beneficial by bringing the better class of men to a greater realization of the evils frequently resulting from exposure, and by stimulating the latent moral sense. In any event, *there is no reason to think that a sense of security engendered by the scheme has caused any increase in indulgence*. The claim that the scheme will cause a greater number of concealments of disease has also been refuted on the *Charleston* by a recent examination of the entire crew, not a single case of concealed disease being found."

As an example of the still evident margin of danger of contracting an infection in spite of the prophylaxis used upon return aboard ship some hours after exposure the report from the North Atlantic Fleet for June and July of this year shows that out of 120,949 liberties, 5365 took the prophylactic treatment and of the latter number 105 developed disease; this represents .38% admissions of all liberties.

As the result of a year's experience and observation, Diehl felt justified in submitting the following conclusions:

"That venereal diseases can be almost entirely eliminated from the naval service by timely prophylactic treatment.

"That, since venereal diseases cause greater damage to efficiency and loss to the government than any other, nothing should be permitted to stand in the way of the general adoption of this treatment.

"That its efficient application is dependent upon departmental authorization and the co-operation and support of those in command and having disciplinary powers.

"That with such support and authorization the medical officer is responsible for the existence of venereal disease and that upon him must fall the opprobrium of its existence."

TABLE SHOWING MOVEMENT OF VENEREAL DISEASE IN UNITED STATES NAVY, 1880 TO 1909.

(Compiled by Surgeon C. N. Fiske, U. S. N., for Am. Public Health Assn.)

Year	Mean strength Navy and Marine Corps (Medical returns).	Total admissions for syphilis primitive and consecutive.	Invalids from service by syphilis.	Deaths attributed to syphilis.	Admission rate per 1000 (syphilis)	Admissions for gonorrhoea.	Admissions for chancroid.	Aggregate primary infections.	Admission rate per 1000 for primary venereal infections.
1880	9,003	451	22	1	50.09	212	72	735	81.64
1881	9,546	403	18	1	42.21	213	108	724	75.85
1882	9,371	490	22	..	52.28	216	113	819	87.40
1883	9,197	340	29	1	36.96	252	93	685	74.48
1884	9,959	330	24	1	33.13	298	171	799	80.23
1885	9,191	279	19	..	30.35	370	181	830	90.31
1886	9,188	278	21	..	30.35	389	201	869	94.58
1887	9,618	244	11	..	25.36	396	167	807	83.90
1888	9,955	295	16	1	29.63	348	228	872	87.59
1889	11,219	310	18	1	27.63	316	118	744	66.32
1890	11,768	256	8	..	21.75	286	152	694	58.97
1891	11,501	198	19	..	17.21	284	100	582	50.60
1892	11,775	174	16	1	14.77	329	111	614	52.14
1893	12,109	171	14	1	14.12	304	60	535	44.18
1894	12,520	272	21	1	21.72	501	208	981	78.36
1895	12,671	239	14	..	18.86	330	152	721	58.48
1896	13,768	239	21	1	17.35	303	131	673	47.43
1897	15,229	270	29	1	17.72	323	136	729	47.87
1898	23,038	383	78	1	16.66	503	190	1076	46.71
1899	20,113	406	45	2	20.18	517	226	1149	57.13
1900	22,977	465	78	1	20.23	525	214	1204	52.40
1901	26,101	546	73	2	20.91	617	217	1380	52.87
1902	30,249	606	69	..	20.03	771	284	1661	54.91
1903	36,536	816	132	..	22.30	1032	396	2244	61.42
1904	39,450	880	125	..	22.30	1512	542	2934	74.04
1905	39,620	981	92	5	24.75	2085	538	3604	91.38
1906	41,690	1147	91	..	27.51	2640	733	4520	108.42
1907	44,683	881	105	1	19.98	2274	554	3709	84.14
1908	50,984	1601	116	2	19.63	3015	665	4681	91.81
1909	55,550	1476	166	5	26.57	5861	1573	8910	160.40

VENEREAL DISEASES AMONG SEAMEN OF THE MERCHANT MARINE.*

By J. W. KERR,

U. S. Public Health and Marine Hospital Service.

The impression prevails that venereal diseases are particularly prevalent among the seamen of the merchant marine. It would be of interest to know the exact prevalence of such diseases among seamen and whether they are in reality more heavily infected than are other classes of the population in the same social stratum. But it is entirely impracticable, by means of statistics, to estimate the percentage of infection among these employees, since the total personnel on American merchant vessels is not made a matter of official record.

The Bureau of Navigation, in the Department of Commerce and Labor, which has supervision over maritime commerce, keeps records only of shipments and discharges of seamen on vessels engaged in foreign trade, which does not include the army of employees in the coastwise trade and on the rivers and Great Lakes. Were the total personnel of the merchant marine known, it would be possible to determine approximately the percentage of the several venereal diseases among them, since the bulk of these patients are treated by officers of the Public Health and Marine Hospital Service, and made a matter of record.

As a matter of interest to the Association, the statistics of the Public Health and Marine Hospital Service have been reviewed, and the following is a statement of the number of cases of these diseases that have been treated in hospitals and dispensaries of the Service during the twenty-four years from 1886 to 1909, inclusive.

The table presented indicates that from 1886 to 1909, inclusive, there were treated 1,281,427 cases of sickness from all causes, or an average of 53,392 patients annually. Of the total number, 106,090 were cases of syphilis in one of the three stages, 4,420 plus being the annual average; 117,336 were cases of gonorrhoea (including gleet), representing an annual average of 4,889 cases; and 39,819 were cases of chancroid (including ulcer of the genitals) or an average annually of 1,659 plus cases.

*Read at 38th Annual Meeting, American Public Health Association, Milwaukee, September, 1910.

Year	Total sick from all causes	Total cases of syphilis treated	Total cases of gonorrhoea treated	Total cases of chancroid treated.	Total cases of venereal diseases treated.	Per cent. of venereal to total diseases treated
1886	43,822	3,783	3,592	1,218	8,593	19.6
1887	45,314	4,344	3,654	1,088	9,086	20.0
1888	48,203	4,453	3,864	1,317	9,634	19.9
1889	49,518	4,794	4,004	1,342	10,140	20.4
1890	50,671	4,375	4,412	1,364	10,151	20.0
1891	52,992	4,934	4,473	2,019	11,426	21.6
1892	53,610	4,836	4,595	1,955	11,386	21.2
1893	53,317	4,962	4,708	1,807	11,477	21.5
1894	52,803	4,491	4,882	1,730	11,103	21.0
1895	52,643	4,688	4,607	1,403	10,698	20.3
1896	53,804	4,532	4,806	1,281	10,619	19.7
1897	54,477	4,671	5,301	1,476	11,448	21.0
1898	52,709	4,607	5,087	1,437	11,131	21.0
1899	55,489	4,256	4,951	1,364	10,571	19.1
1900	56,355	4,389	5,584	1,892	11,865	21.5
1901	58,381	4,324	5,447	1,977	11,748	20.1
1902	56,310	4,311	5,318	1,722	11,351	20.2
1903	58,573	4,093	5,854	2,123	12,070	20.7
1904	58,556	4,222	5,835	2,241	12,298	21.0
1905	57,013	4,607	5,618	1,754	11,979	21.0
1906	54,363	4,126	5,188	1,721	11,035	20.3
1907	55,129	3,761	5,185	2,215	11,161	20.2
1908	54,301	4,342	5,198	1,836	11,376	20.9
1909	53,074	4,187	5,173	1,537	10,897	20.5
Total:	1,281,427	106,090	117,336	39,819	263,245	
Annual Mean:	53,392	4,420+	4,889	1,659+	10,969—	20.5

The total number of venereal cases treated and classified as above during the period mentioned was 263,245, or an average annually of 10,969 (minus) cases. It will thus be seen that these venereal cases represented 20.5% of the total cases treated. This percentage, it will be understood, represents cases of syphilis, gonorrhoea and chancroid, and does not include complications or sequelae of those diseases.

On account of the nomenclature used, and because of the remote effects of venereal diseases, it was found impracticable to include complications and sequelae in the table presented. But among the total cases treated were 21,665 of adenitis and 1,609 of urethritis, or an annual average of 902 plus cases and 67 plus cases respectively. And since practically all of these cases were undoubtedly of venereal origin, they may be

included in computing the percentage of venereal cases to the total cases treated, thus giving 22.2% as the result.

Unless complications arise requiring hospital care, the beneficiaries of the Service are treated at out-patient offices, of which there are 147 located in different parts of the country. In common with other men of their class, seamen must work even though afflicted with venereal diseases, and are therefore obliged to apply for treatment as they go from port to port. For this reason a case may be reported more than once. It is probable that such duplications would in great measure counterbalance cases diagnosed as complications and sequelae and not counted, and 22.3 may be taken therefore as a fair percentage of the venereal cases to the total cases treated in marine hospitals.

This percentage is probably not greater than in many other civil hospitals and dispensaries that admit such cases. Morrow* refers to Fournier's observation that from 15% to 19% of all cases in the general hospitals of Paris were of venereal origin, and states as a result of his own investigations that more than 10% of all cases treated in the general hospitals and dispensaries in New York are of venereal origin. Further, Morrow quotes Lane to the effect that in every general hospital a great proportion—more than 33%—of the cases seen in the out-patients' department is of this nature. The statistics of the military services for 1908 indicate that the venereal diseases treated represented in the army 16.3% and in the navy 17.8% of the total admissions.

The ratio of venereal diseases to total cases treated by the Public Health Service has varied but little from year to year, the highest being 21.5% in 1893 and the lowest 19.1% in 1899. It may be concluded therefore that the prevalence of venereal diseases among sailors has remained constant during the past quarter of a century, and the same is probably true also of urban populations.

The reporting of the same case from different ports, as pointed out above, probably accounts also for the relatively greater amount of syphilis shown among seamen as compared with gonorrhoea, the ratio among our cases being as 1 to 1.1. Keyes† states that among enlisted men of the army the proportion of syphilis to gonorrhoea is about 1 to 5, and among his cases in private practice from 1 to 8 up to 1 to 15. But it is known that syphilis is much more prevalent among the submerged members of society in urban districts, and it is among this class that the average seaman is thrown when on shore.

* Morrow—*Social Diseases and Marriage*, p. 350.

† Keyes, E. L., Jr.—*The Effect of Venereal Diseases on the Public Health*, N. Y., Med. Jour., Jan. 1, 1910. p. 6.

The wisdom of affording relief to seamen is apparent. In the majority of instances the sailor is without legal residence, and he can but seldom avail himself of its benefits if he has one. He is unable to employ competent medical attendance, and the authorities of the ports at which he calls are not under obligation to afford it to him except in cases of dire necessity.

In the interest of maritime commerce, therefore, provision must be made for the protection of life and health of those conducting it, and by doing so seamen are assured of receiving expert advice and remedies in practically every port; they are protected from charlatans and quacks, and prevented in some measure from transmitting infectious diseases to their shipmates and others.

In the interest of the public health also, such provision affords opportunity of greater governmental supervision over the communicable diseases, including venereal affections. While absolute segregation of all cases of venereal disease is impracticable, those that are admitted to hospital are cared for under special conditions and instructed to observe rigidly the measures necessary to prevent the spread of the infection to others. In addition, opportunity is afforded to instruct out-patients regarding personal hygiene and the precautions that should be observed by them on going aboard ship.

PREVENTIVE MEASURES.

Like other members of society, seamen are ignorant of the dangers of venereal diseases and in addition they are generally irresponsible. For these reasons, and because of the high percentage of infection among them, measures of prevention are especially needed.

By reason of his mode of life and social relations, or lack of them, the sailor must be regarded rather as a victim of vice than the purveyor of it. Decrease of venereal diseases among seamen depends in a great measure, therefore, on the control of those diseases on shore.

At the present time there appears to be no hope of the eradication of venereal diseases, except through the discovery of specifics that will surely and speedily destroy the different infections in the bodies of those infected. The announcement of such a wonderful discovery in the case of syphilis encourages the hope that at last Ehrlich has found not only a cure, but an agent that will bring about the eradication of the disease. One injection of his remedy, "606," or dioxydiamido-arsenobenzol, is reputed to free the body from the spirochaetes of syphilis in less than twenty-four hours, and cure primary, secondary and tertiary lesions in two weeks or less. In that case the reservoirs of infection can be purified, and the disease eventually eradicated.

In the meantime, practical preventive measures should be decided upon and put in force, and of these EDUCATION is the most important, and of universal application. At the meeting of this Association held in Indianapolis in 1882, its committee, in reporting on the prevention of venereal diseases, stated:

"Your Committee consequently repeat what they have urged in former reports, that the instruction of the community as to the existence, nature, and prevalence of venereal diseases is a necessary preliminary to successful legislation. They remind the association, therefore, that it is its duty, as the conservator of the public health, to disseminate that information concerning them which the science of medicine has established as no longer contestable."

That statement is as applicable today as it was when made 28 years ago.

The educational methods should be such as to teach the community, and not to offend or disgust it, and the mental capabilities of each class of society must be considered in selecting the facts to be taught; otherwise, there will be failure. Educational prophylaxis should include instruction especially regarding the relationship between alcoholism and social diseases.

With the view to the adoption of wise methods, there might well be held conferences of health officers, who, as a result, would unify and co-ordinate the efforts in their respective localities for the public good.

General hospitals and dispensaries should throw their doors open to venereal patients, and not only treat, but teach them. How can a self-righteous population expect immunity from these diseases and charlatans when it denies treatment to those afflicted, and even ignores the existence of such infections? In order to extend the influence of hospitals and dispensaries in the control of venereal diseases, it would be well if dispensaries were maintained at night and under official supervision. By this means those most in need would receive care and accurate records could be kept that would indicate in some measure the future legislative needs and their practicability.

The notification of venereal diseases would be of advantage, especially from a statistical standpoint, and would be practicable in the case of seamen treated in the service dispensaries. But the registration of cases of morbidity is probably the most difficult undertaking in preventive medicine and to be of practical value must be followed by prophylactic measures. When public opinion shall have been molded to permit of official supervision of such measures in the case of venereal diseases, the notification of those diseases will become a possibility. In the meantime, however, the requiring of notification would have an educational effect on the profession and community.

While segregation of prostitutes has been objected to on the ground that it is one-sided and therefore not a sound method of preventing venereal diseases, yet some official supervision is certainly practicable, and would be of benefit especially to the floating populations of municipalities, to which the sailor belongs.

Such supervision should include prohibition of street-walking and solicitation on the part of prostitutes, restriction of this class to residence in retired sections, the abolition of all signs indicating red-light districts in cities, the prompt arrest of all intoxicated persons found in such districts and the absolute prohibition of the sale or consumption of liquors in disreputable resorts.

Other measures that suggest themselves have been considered in the committee's report. It is not the intention, therefore, to discuss those measures in this paper. Reference may be made again however to the constant prevalence of venereal diseases among sailors, to the importance of their control, to the fact that such control is largely a matter of meeting conditions in municipalities and to the absolute necessity of an enlightened public opinion to bring this about.

A PLEA FOR APPLYING THE USUAL METHODS OF PREVENTIVE MEDICINE TO VENEREAL DISEASES.*

By J. R. KEAN,
Lt.-Col., U. S. Army Medical Corps.

The class of recruits now being enlisted for the army is, as has just been stated with regard to the navy, much superior in intelligence, education and character, to those of two decades ago, and they are far more carefully examined. Yet year by year, there has been a steady increase in the incidence of venereal diseases until, in 1909, they had reached the appalling figure of 14,640 admissions, representing 12,605 cases, and giving a rate of 197 admissions per month of mean strength. Naturally, therefore, the army is interested in this matter.

Metchnikoff, in his book, "La Nature Humaine," speaks of certain conflicts between the physical evolution of man and his social and moral development, to which he gives the names disharmonies.

The greatest of these is in the development of the reproductive instinct. This, which by the general law of nature is the most imperious of animal instincts, and which in man colors and influences both for good and evil the lives of all normal individuals, comes into activity about the 15th year, and by the 21st year is in the full vigor of its power. It is in natural man much diffused as regards the other sex, and he must be regarded as naturally polygamous by instinct and by development, while the natural woman is not so. The moral and religious laws of most creeds and societies set certain limitations to this instinct, though the disharmonies is far less in Mohammedan countries than in ours, where man is required to be strictly monogamous and where by the social requirements of this country, marriage is usually postponed for ten or fifteen years after puberty until his productive capacity is equal to the support of a family. Wherever this disharmony has existed in any age, race or stage of civilization, society pays the penalty by the appearance of prostitution. Many wise and good men have regarded this great evil as one inherent in the social fabric, and as it were, a necessary evil as long as the majority of men are ruled by their passions more than by their creeds. St. Augustine was of this opinion, and you will recall the sonorous periods in which Lecky, in his "History of

* Read at 38th Annual Meeting of American Public Health Association, Milwaukee, September, 1910.

European Morals," states his rather extreme view of the role of the prostitute in society. For those who are willing to hear all sides of a question it may be worth quotation, especially as it is probable that before this Association gets through with the discussion of this matter, we are quite certain to hear some rather extreme views on the other side. Lecky says of the prostitute: "The supreme type of vice, she is ultimately the most efficient guardian of virtue. But for her the unchallenged purity of countless happy homes would be polluted, and not a few who, in the pride of their untempted chastity, think of her with a shudder, would have known the agony of remorse and of despair. On that one degraded and ignoble form are concentrated the passions that might have filled the world with shame. She remains, while creeds and civilizations rise and fall, the eternal priestess of humanity, blasted for the sins of the people. "

I do not think, however, it is either wise or necessary for us, as scientific men, interested in the good of the race and of the country, to take any part in the discussion of the relation of this evil to society. It is sufficient for us to know the following facts: That the prostitute is a present and admitted evil; that there is no immediate prospect of her disappearance; that she is the most important agent in the spread of venereal diseases; and finally, that to diminish the spread of these contagious diseases we must exercise some control over this enemy of society, whose trade is directly responsible to a large degree for the spread of them. Even honest and useful trades which are injurious to health are so controlled by law as to prevent harm to the community, and shall this one be privileged to escape the control of the law because it is vicious and shameful? Is it logical or common sense to claim that the law legalizes it if the usual procedures of preventive medicine are applied to diminish so vast an injury to the public health? To the objections of the theorists that it is unjust to take legal steps against the woman and to let her male accomplice go free, the sanitarian replies that the distinction is made by nature—that it is quite impossible for the diseased male to be as active an agent in the spread of disease as the diseased female, and that the law should be so framed that males who make a profession of gratifying the sexual passions of others should be included as prostitutes. But it is again objected that no scheme of control can be effective which does not include the male prostitute and the clandestine female, as well as the recognized prostitute. It is true that we cannot hope by such means to stamp out venereal diseases, but we can do much to diminish them. Because our barrel leaks shall we knock out the bung instead of trying in every way to stop the leaks? Dr. Huici told us last year that as the result of the inspections in the city of Mexico for the 5 years ending in 1907, 7,778 cases of venereal

diseases of which 1828 were syphilis were sequestered in a lock hospital until the cure of the contagious lesion. Can any rational person doubt that these measures accomplished much in the way of prevention. The percentage of diseased prostitutes in Havana is less than 2%, while of those arrested as clandestinely practicing their trade without medical supervision the proportion found diseased is over 25%. The fact is that laws of this sort are like other laws; if they are properly enforced, they do much good, but if they are not honestly enforced, they fail.

Equally illogical are those un pitying moralists who, like the Pharasee on the road to Jericho, pass by on the other side, and proclaim that the road shall not be made safe to evildoers and that those who break the moral law deserve no pity for whatever befalls them. This attitude might find excuse if only the depraved and habitually licentious suffered. But not only we physicians, but the man in the street, knows that only too many among the bone and sinew of our land, men in every community whom we could ill afford to lose, have not always in the hey-day of their youth shown the self-control of Joseph.

“How many a father have I seen,
A sober man among his boys
Whose youth was full of foolish noise,
Who wears his manhood hale and green.”

If the Pharasee shall say that these are not worth every effort to save from the blight of disease, what shall he say as to the great army of the innocents, the gentle wives, the young children, who must bear the sins of their husbands and their fathers.

The question of venereal prophylaxis is one in which the teachers of the Gospel of Christ, the sociologists and the hygienists are all equally interested, and they should fight the battle as faithful allies. Preventive medicine is last to come into the field, it is true, but we should not on that account hang timidly in the rear and follow in the footsteps of the older combatants, who though they have fought a good fight, have not yet victory in sight. Let us boldly use all the good weapons of science.

If a young man fail to control that passion which is a heritage of his physical being, it is a grievous thing, but it is a far worse thing for him, for his community, and for the race, if in addition he acquire disease. Let the physician, therefore, while advocating purity always, have also a word to help those who will not be pure; let him preach the gospel of cleanliness and prophylaxis of disease as is now being begun in military life, so that to the moral taint a physical one may not be added.

If our religious ally accuse us of robbing him of the weapon of fear of disease, we can point out mildly that if fear of evil consequences would control the passions, he would have won his fight in these 2,000 years without our aid, but that in a physical as well as a spiritual sense, love casteth out fear. It is a weapon unworthy of the armory of the Christian soldier.

The importance of early marriage in the prevention of sexual immorality and the spread of disease is obvious, but as the question is a social one we must leave it to our other ally, the sociologist. It is of interest to point out, however, that among our native troops the Phillippine Scouts, who are of different tribes, but as a rule married while young, these diseases prevail to only one-fourth the extent that they do with white troops. I am not able to give today statistics showing the success of the method of combating the spread of venereal diseases in the Army by a propaganda of instruction on the subject and by the use of preventive applications on the part of those who are uninfluenced by moral considerations, because it has not yet come into general adoption or received hearty support on the part of the military authorities. At a few posts, however, where it has been taken up by medical officers with the enthusiasm that an educational propaganda demands, and where the cordial support of commanding officers has been obtained, the results are very gratifying. These procedures have met with much success in several of the European armies and I hope in the future our army will follow the example so well set us by our sister service of the Navy. The matter will be somewhat fully discussed in the forthcoming report of the Surgeon General.

He has said with reference to the figures given above: "The venereal peril has come to outweigh in importance any other sanitary question which now confronts the Army, and neither our national optimism, nor the Anglo-Saxon disposition to ignore a subject which is offensive to public prudery can longer excuse a frank and honest confrontation of the problem. There is no reason to think these diseases are beyond the reach of preventive medicine any more than other contagious diseases, and their immunity from restriction must be attributed to the public disinclination to discuss them and legislate concerning them."

Now I think that your Committee has given you what the Surgeon General calls a "frank and honest confrontation of the problem," and it is my hope that this Association will not be deterred by the outcry of certain classes of persons who are accustomed to think with their emotions rather than their brains, from taking the bold stand in this matter which is justified by science, by common sense, and by the demands of the public good.

DISCUSSION.

DR. GARDNER T. SWARTS, Providence, Rhode Island. As President of the Association last year, I took the liberty of asking for the appointment of a committee to take up the subject of venereal prophylaxis. The suggestion was made with the idea that the people of the country were prepared to receive instruction on the prevention of gonorrhoea and syphilis; a matter of extreme importance not only to boards of health but more particularly to the people at large. I think the time has come when we should dispense with all Puritanical prudery and cease to discuss these subjects behind the screen. By withholding information of these diseases or by discussing them in a secret or mysterious way, many young people are led astray through ignorance, and it does seem proper, if boards of health are appointed for the purpose of conserving the public health, that they should undertake to enlighten the public in regard to these matters. Here are two communicable preventable diseases which have not been placed on the list even of reportable diseases excepting in a few instances. If these two diseases are preventable, why are state boards of health so negligent in doing their duty? If seventy-five per cent. of the laparotomies performed on women in hospitals for the removal of the tubes and appendages are the result of ignorance on the part of those infected, and if operations as the result of these diseases are performed on women in the best class of society in our New York hospitals and elsewhere who have been infected by their husbands and no one else, some one is to blame, some one is negligent in the performance of duty. If the boards of health are to conserve the public health why is it not their duty to take up this subject? If any clergyman or philanthropist discussed this subject in a fearless manner he would be spoken of as a faddist and as one running to extreme opinions. But boards of health can consistently take up these subjects and I believe it is their duty to discuss them freely and thoroughly and to carry on a crusade similar to that which has been conducted in a campaign against tuberculosis. I believe good results can be accomplished in that way. If the morbidity statistics on these two diseases are in excess of double that of tuberculosis, why are we not active?

We have had the report of the committee and have had the benefit of application of knowledge in regard to these matters in a military way whereby results have been obtained. In the report of this committee you will notice there was an objection raised by a minority. The reason of that objection was based entirely upon the one section in the last paper

which calls for the segregation and examination of prostitutes. Men are not mentioned in that recommendation and the reason of the minority for not so recommending is that they do not believe at the present time it would be a good policy to introduce so strong a measure. I believe it is not good policy to introduce into this movement anything except the question of education at present. Leave the whole question of morals and control to the public authorities except so far as education may serve as a cautionary measure.

Through the efforts of this Association we can educate the people as to the communicability and preventability of these diseases, and I believe such a campaign can be carried on systematically with good results. I trust some way may be found by which we can put into the hands of members of state boards of health the machinery whereby this can be brought about.

We find other associations are taking up subjects which we should have taken up long ago. Are we going to be second in this matter? I hope not. An American Federation of societies interested in the prevention of social diseases was formed in St. Louis a few months ago. I think this Association ought to become a co-operative body. If we are to be the ones to place standards for boards of health and other societies which shall amalgamate with us for social control of health matters, it behooves us to show activity. The subject is one which I hope the members of this Association and of every state board of health will take up in a practical way. I hope we shall be able to have the committee continued.

DR. JOSEPH S. NEFF, Philadelphia. This subject is one of the most important that has been brought before this convention. The responsibility has been thrown upon health officers to solve the problem; one which is too complex to be covered by a limited discussion at a meeting of this character. I thoroughly agree with the preceding speaker that all health officers and all state boards of health should indulge in an educational campaign, as I believe the solution is in work of this character.

I want to add a word of warning before this Association takes seriously into consideration the adoption of that part of the report recommending the compulsory registration of venereal diseases. I do not think it is practicable or possible. No law can compel physicians to reveal the secrets of his patients and he will not report this class of diseases. If the private physician will certify that death caused by acute alcoholism was produced by cerebral congestion or hemorrhage, omitting all evidence as to the cause of that condition, he will certainly cover up the cause of death when due to venereal disease.

In the large cities with which I am familiar, statistics on these diseases are valueless, as true returns are made only from so-called "Poor Hospitals," city institutions and slum districts. Should laws be passed placing venereal diseases in the list of those reportable, physicians would become so accustomed to violating the same in this particular, that they would violate them in toto and lessen the registration of such diseases as scarlet fever, diphtheria, typhoid fever, etc. The prompt reporting of these latter diseases enables the public health officials to prevent the spread of contagion and terminate or ward off epidemics and nothing should be permitted to lessen this requirement.

There are other reasons, did time permit, that could be enumerated, but for the reasons stated, I think it would be unwise at present for the American Public Health Association to go on record as adopting that portion of the report recommending compulsory registration of venereal diseases.

DR. M. W. RICHARDSON, of Boston. The Massachusetts State Legislature at its last session required the state board of health to provide an outfit for the prevention of ophthalmia neonatorum and to decide what should be considered a proper prophylactic. As a result a one per cent. nitrate of silver solution was recommended and distributed within a dropper. With the dropper is sent out a circular telling how the prophylactic is to be used. The cost of this outfit, ready to mail, is eleven cents and in this respect is somewhat cheaper than the Rhode Island outfit, although, I think, a little more expensive than the New York outfit. In this Massachusetts outfit, moreover, there is enough nitrate of silver solution to last a physician for six months, or possibly a year. The cost of renewal is, therefore, very small.

DR. JOHN N. HURTY, Indianapolis, Indiana. I believe the road leading to the prevention of venereal diseases is the longest and roughest road which hygiene and sanitary science has to travel. The tuberculosis problem is not so large in comparison. At this time, every nation, every tribe, and all the peoples of the earth are thoroughly syphilized. Think of that—syphilis everywhere upon the earth and we are now proposing education to eradicate it. So far as I know the first man to propose education to eradicate this disease was Solomon. He started the work five thousand years ago; yet in the face of the education he gave, and such as we propose to give and continue giving, venereal diseases have increased and multiplied. I therefore have not much faith in education as some seem to think it is entitled. Solomon said the scarlet woman leads down to hell.

It has been told the people for thousands of years, yet men, under the impulse of sexual desire, go down to hell and will continue to go, if we apply education the way we have been applying it all of these thousands of years. I think the right place to apply anti-venereal education is with the child. There is little good to present this story to the boy after he has arrived at the age of puberty. It is then too late. His sexual nature has not been under control and he will not then control himself.

Many of us here are teachers in medical colleges. We know that medical students sit before us, listen to the horrors of the venereal diseases, and subsequently go out and yield to the solicitations of the street walker, later coming back and asking us, their preceptors, to treat them. This is going on all the time in every medical college to a greater or less extent. Education that is applied to the adult for this purpose, amounts in my opinion to nothing, and until we put aside that prudery which now prevents us from attacking the problem correctly and which prevents us from teaching the child about his sexual nature and about procreation, we can make no progress. The most important knowledge you can give the child is knowledge of his sexual nature and under present conditions this is absolutely denied him. But he acquires that knowledge finally in the most abominable and wicked and horrible manner possible. Instead of being instructed in childhood, honestly, with dignity, and with purity, he is not instructed at all, but allowed to shift for himself. It is the most important of all instructions and should be given before the age of puberty.

As for definitely reporting these diseases, that is out of the question. Dr. Neff said that you cannot compel a physician to report venereal diseases. Furthermore, you cannot expect syphilized legislators of the United States to pass laws in regard to that disease. You will find syphilis and gonorrhoea existing among the members of the legislature as well as elsewhere and laws on the subject are thus entirely out of the question. We cannot think of reporting these diseases at present. We should commence instruction of the child, and it seems, it will be some time before that can be done. It will be a long time before our first steps are taken in that direction.

As to boards of health taking up this subject: The State Board of Health of Indiana entered into a contract with a lecturer to go over the state and lecture upon these subjects. He has done this and has been in numerous towns and I have talked upon the subject to numerous audiences myself. About three hundred lectures have been delivered upon this subject to private audiences. We have lectured to high school students, ladies' organizations, civic organizations, and young men's christian associations. We have in the meantime distributed almost

forty thousand circulars upon the subject and we have a new addition of twenty-five thousand copies to distribute; but I doubt the utility of all of that work except to prepare the public minds for the introduction of instruction in sexual hygiene and the horrors of the venereal diseases to children.

DR. GEORGE M. KOBER, Washington, D. C. I appreciate the force of the objection made to certain of the recommendations. It seems to me, however, speaking for the committee, that as a national organization on public health, its committee would have been remiss in its duties had it failed to present less radical measures, and I trust the Association will endorse all the recommendations calculated to reduce the ravages of these diseases to a minimum. If Dr. Neff and Dr. Hurty believe that notification of other communicable diseases will help to locate the sources of infection and serve to prevent their spread, they should declare in favor of compulsory registration or notification in venereal diseases. We should certainly favor any method that will help to diminish their spread and that can only be done in these diseases, as in all other communicable diseases, by locating the sources of infection. We can never hope to stamp out germ diseases until we locate the sources of infection and prevent the dissemination of the germs. This, in brief, is the answer to the objections that have been made. We have tried this method in the control and management of other communicable diseases, and this association should manifest sufficient moral courage to attack this question in the right spirit and in the right way. The substance of this report was presented before a gathering of health officers in Vermont, composed of medical men and laymen, and never was more enthusiasm manifested than in this so-called Puritanical audience. The local papers devoted two and a half columns to the presentation of the subject. The discussion was led by a Congregational clergyman and among other educational measures he was prepared to advocate hereafter that no marriage should be inaugurated unless the man and woman had been subjected to a physical examination. If a clergyman or layman can take that stand it seems to me the members of the American Public Health Association need not hesitate to endorse the recommendations of the Committee.

DR. CHARLES N. FISKE, Washington, D. C. Colonel Kean has referred to the steadily rising admission rate for venereal diseases in the army. I would not have the members of the Association think that this represents the true incidence of venereal disease in the navy during the last twenty years.

It is only apparent incidence. Doctor Kerr has shown that the proportion of venereal diseases to all affections for which men from the merchant marine are admitted to marine hospitals has hardly varied in 20 years, and it is evident that from the far better class of men in the navy the true curve of incidence (not of admission) must have been fairly horizontal. At any rate, it is now falling instead of rising. Our admission rate is probably not less than two hundred per thousand per year. But in another year I hope to have also a curve which cannot be constructed now of the results of education which will show a decline in the percentage of men exposing themselves to infection.

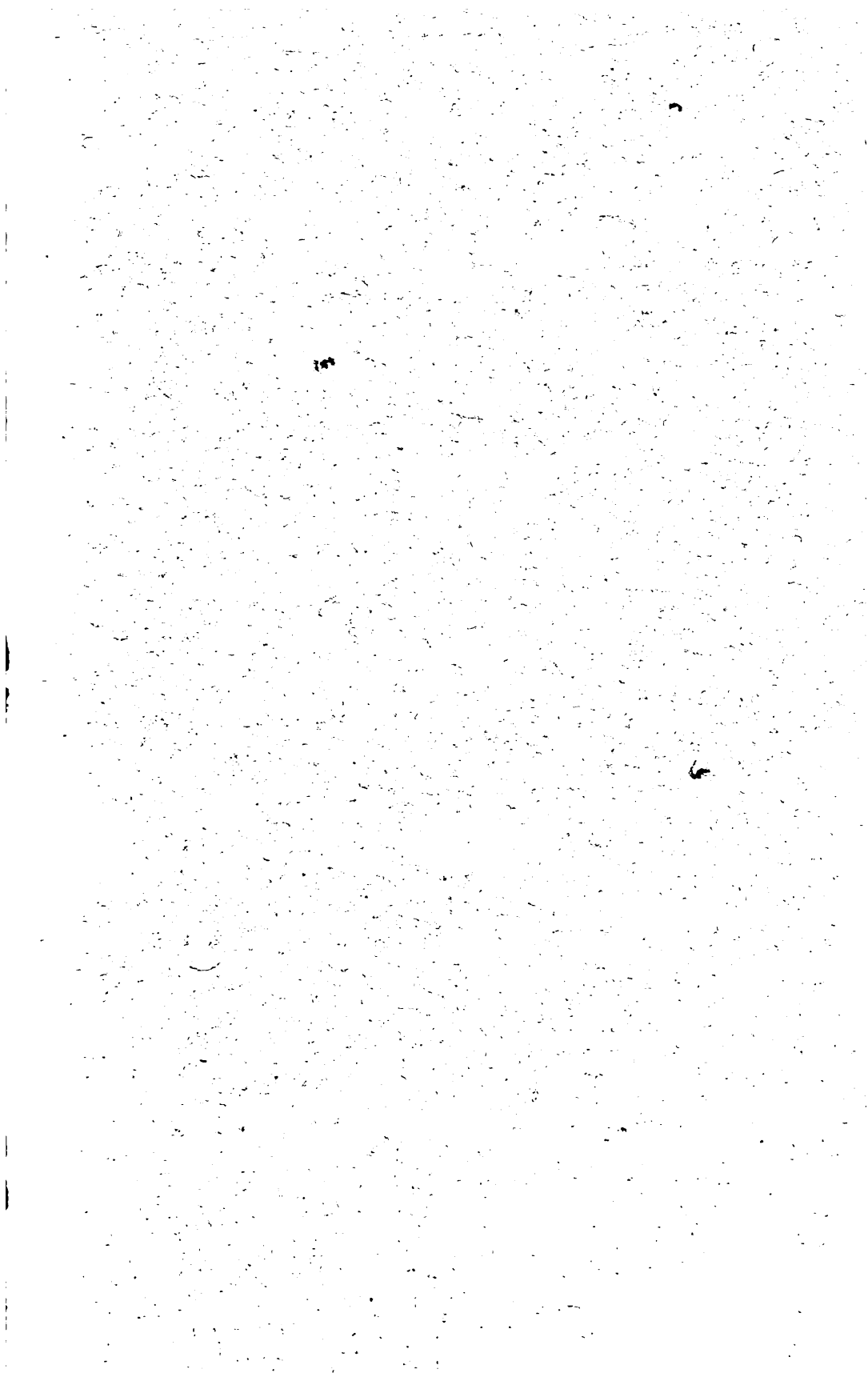
DR. J. W. KERR, Washington, D. C. The subject of official control of venereal diseases has not heretofore claimed much of my attention, and I felt great hesitancy in accepting an invitation to take part in the symposium. It was thought, however, that the statistics might furnish some idea of the general incidence of those diseases during the past quarter of a century, and they are presented for what they are worth.

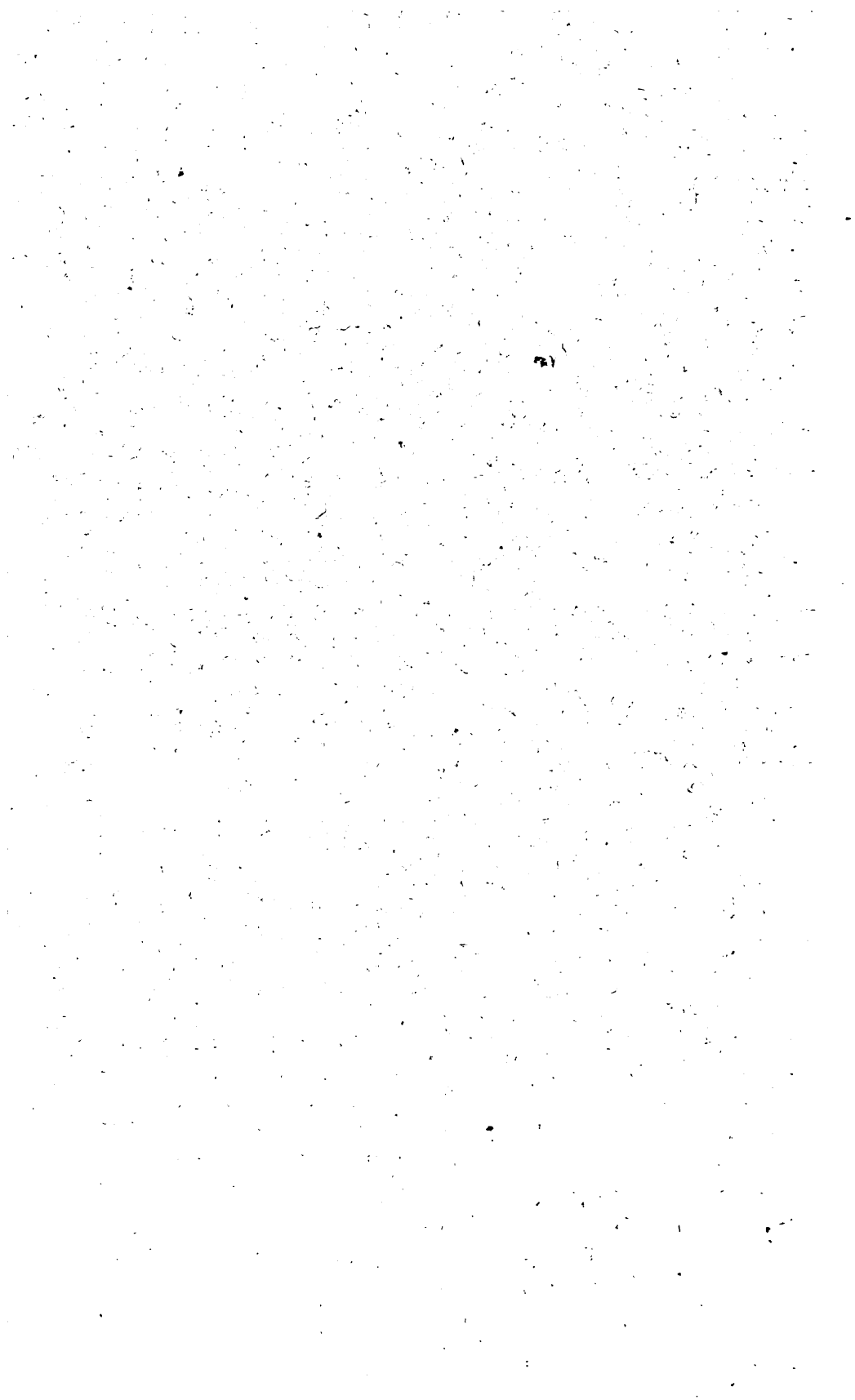
The recommendations of the committee I concur in and believe if it were possible to carry them out there would follow a marked diminution of venereal diseases; at the same time, I recognize the great difficulties involved and the practical impossibility of enforcement of some of them by health authorities.

As to notification, as stated in my paper, it is greatly to be desired and would be entirely practicable in cases of seamen of the merchant marine treated in our dispensaries, but whether it is possible for local health authorities to enforce it, is for them to decide. In principle, notification of venereal diseases is correct. We should have complete morbidity statistics of all diseases, but this is not possible at the present time even in the case of smallpox, a disease which everybody fears, and to which no stigma is attached, its statistics not being complete in practically any state in the Union. Health authorities will be able to overcome the difficulties only after the attitude of the profession and the public with respect to venereal diseases has been changed.

In determining as to whether registration or licensing of prostitutes shall be recommended, the question of expediency is to be considered. If experience in other countries has shown that it is practicable, and if it will not retard rather than advance the propaganda for the control of venereal diseases, I would urge by all means that our health officers enforce it within their jurisdictions. But there are those who hold that in those cities where it has been most thoroughly tried, clandestine prostitution is most in evidence.

DR. JEFFERSON R. KEAN, U. S. Army, Washington, D. C. The Association wants from its committee a clear-cut recommendation as to the scientific measures that are necessary. I think the question of expediency should be applied, not by this Association, but by the health officer who will take what he wants of the recommendations and carry them out, and leave what is not expedient. Who can decide that a recommendation for the registration and inspection of prostitutes is not expedient in some communities. Who can tell but that the state of Arizona might put such a thing in its constitution? It is a common-sense measure where it can be carried out. It can be carried out in some communities. I have seen it carried out and it was not carried out by military power. The only military part of it was an honest intention to obey the law on the part of the sanitary officer, and that will be found in civil as in military life. It has been done in a number of towns in the Philippines. It has been done fairly well in Havana, Cuba, and it has been done in other towns I might name. Therefore, it seems to me this Association should take the steps which are theoretically necessary and recommend them for the consideration of sanitary officers, and the sanitary officers should have consultation with their municipal authorities and feel the pulse of their communities and decide what is expedient and what is not. We cannot tell how far this may go. Who knows but what a recommendation which may seem inexpedient today may later on be adopted? Therefore, I hope the association will take the recommendations *en bloc* and not apply the test of expediency to them at this time.





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